Appendix D

Inspection Report Forms for Institutional Controls at OU 2-13 and OU 2-14 Waste Sites
## Site Inspection Form

**CERCLA Institutional Control Sites**

**Date of Inspection:** 6/26/02

**Time of Inspection:** 1310

**Person(s) Conducting Inspection:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Gikes</td>
<td>Project Specialist</td>
<td>3186</td>
</tr>
<tr>
<td>Judy Landis</td>
<td>Construction Coordinator</td>
<td>3186</td>
</tr>
</tbody>
</table>

**SITE INFORMATION**

**CERCLA Site ID:** TRA-05

**Operable Unit:** OU 2-13

**Site Description:** TRA Waste Pond

**Site Contact:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
<th>Phone #</th>
<th>S#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Wilkinson</td>
<td>Project Manager</td>
<td>3186</td>
<td>6410</td>
<td>79727</td>
</tr>
</tbody>
</table>

**Record of Decision Land Use Designation:**

Industrial / Radiologically Controlled

**Current Land Use:**

Industrial / Radiologically Controlled

**Institutional Controls Required for Site (check all that apply):**

- Access Restrictions
- Warning Signs
- Fencing
- Control of Activities
- Inclusion in CFLUP
- Property Transfer/Lease Restrictions
- Notice to Affected Stakeholders
Institutional Controls Observed for Site (check all that apply):

- Access Restrictions
- Warning Signs
- Fencing
- Control of Activities
- Inclusion in CFLUP
- Property Transfer/Lease Restrictions
- Notice to Affected Stakeholders

Are the Institutional Controls operational and functional?

Yes ☑ No ☐

Are Survey Maps of the site available?

Yes ☑ No ☐

Drawing Number(s) ________________________________

Photograph Identification Number(s): 3 photos See attached photo log.

(Identify date, time, location and compass orientation of all photographs taken)

OBSERVATIONS

Current Operational Status of the Site: ATM of soil cover (e.g. Assessment, Characterization, Design, Construction, O&M)

Evidence of Human Disturbance: No

Warning Signs Clearly Indicate Hazards Present at Site:

Yes ☑ No ☐

If No, Explain ____________________________________________

_________________________________________________________

Warning Signs Clearly Visible from all Avenues of Approach to the Site:

Yes ☑ No ☐

If No, Explain ____________________________________________

_________________________________________________________
All Signs are intact and information is legible:
Yes ☑ No
If No, Explain

All Site Boundary Monuments are intact and information is legible:
Yes ☑ No
If No, Explain

Required Stakeholder Notices distributed:
Yes No N/A ☑
DOE-ID Directives and Procedures which implement Institutional Controls are in place:
Yes No N/A

RADIOLOGICAL CONTAMINATED SITES ONLY
Are workers operating under an approved Radiological Work Permit:
Yes No
If No, Explain

Are only DOE Radiological Worker Trained individuals operating at the site:
Yes No
If No, Explain
DEFICIENCIES
(Provide a complete description of any deficiencies noted and/or observed)

As noted on the THT Xeriscape Plan Inspection Report form, there are weeds and grasses growing in the engineered rocks (riprap).

RECOMMENDATIONS FOR IMPROVEMENT
(Provide any recommendations and/or suggestions for additional ICs which could be implemented at this site which would be beneficial at this site)

Recommend re-survey of perimeter with GPS due to faulty equipment during initial survey on 5/13/02.
CERCLA SITE INSPECTION
PHOTOGRAPH LOG

Date of Inspection: 6/26/02
Time of Inspection: 1310

Person(s) Conducting Inspection:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>John R. Ciko</td>
<td>Principle Scientist</td>
<td>315A</td>
</tr>
<tr>
<td>Judy Landis</td>
<td>Construction Coordinator</td>
<td>315B</td>
</tr>
</tbody>
</table>

SITE INFORMATION

CERCLA Site ID: TRA-03
Operable Unit: OU 2-13
Site Description: TRA Waste Pond

<table>
<thead>
<tr>
<th>Photograph Number</th>
<th>Location and Direction</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>West side of WWIP looking</td>
<td></td>
</tr>
<tr>
<td></td>
<td>near WWIP</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>West side of WWIP looking</td>
<td>near CERCLA sign</td>
</tr>
<tr>
<td></td>
<td>near WWIP</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Woody/grass on east side of</td>
<td></td>
</tr>
<tr>
<td></td>
<td>near WWIP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>looking north</td>
<td></td>
</tr>
</tbody>
</table>
# Site Inspection Form
## CERCLA Institutional Control sites

<table>
<thead>
<tr>
<th>Date of Inspection:</th>
<th>6/26/02</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time of Inspection:</td>
<td>14:36</td>
</tr>
<tr>
<td>Person(s) Conducting Inspection:</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
</tr>
<tr>
<td>John Giles</td>
<td>Principle Scientist</td>
</tr>
</tbody>
</table>

### SITE INFORMATION

<table>
<thead>
<tr>
<th>CERCLA Site ID:</th>
<th>TRA-04</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operable Unit:</td>
<td>2-13</td>
</tr>
<tr>
<td>Site Description:</td>
<td>TRA-04 Retention Basin</td>
</tr>
</tbody>
</table>

| Site Contact: | |
| Steve Wilkinson | Project Manager | 3180 | 6-450 | 78777 |

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
<th>Phone #</th>
<th>S#</th>
</tr>
</thead>
</table>

| Record of Decision Land Use Designation: | Industrial |

| Current Land Use: | Industrial |

**Institutional Controls Required for Site (check all that apply):**

- Access Restrictions [ ]
- Warning Signs [ ]
- Fencing [ ]
- Control of Activities [ ]
- Inclusion in CFLUP [ ]
- Property Transfer/Lease Restrictions [ ]
- Notice to Affected Stakeholders [ ]

Page 1 of 5
Institutional Controls Observed for Site (check all that apply):

- Access Restrictions
- Warning Signs ✓
- Fencing
- Control of Activities ✓
- Inclusion in CFLUP ✓
- Property Transfer/Lease Restrictions
- Notice to Affected Stakeholders

Are the Institutional Controls operational and functional?
Yes ✓ No _____

Are Survey Maps of the site available?
Yes ✓ No _____

Drawing Number(s) ________________________________

Photograph Identification Number(s): See attached photo log
(Identify date, time, location and compass orientation of all photographs taken)

OBSERVATIONS

Current Operational Status of the Site: N/A
(e.g. Assessment, Characterization, Design, Construction, O&M)

Evidence of Human Disturbance: No

Warning Signs Clearly Indicate Hazards Present at Site:
Yes ✓ No _____
If No, Explain ________________________________

Warning Signs Clearly Visible from all Avenues of Approach to the Site:
Yes _____ No _____
If No, Explain ________________________________
All Signs are intact and information is legible:
Yes   □   No   □
If No, Explain ____________________________________________
________________________________________________________

All Site Boundary Monuments are intact and information is legible:
Yes   □   No   □
If No, Explain ____________________________________________
________________________________________________________

Required Stakeholder Notices distributed:
Yes   □   No   □   N/A   □

DOE-ID Directives and Procedures which implement Institutional Controls are in place:
Yes   □   No   □   N/A   □

RADIOLOGICAL CONTAMINATED SITES ONLY
Are workers operating under an approved Radiological Work Permit:
Yes   □   No   □
If No, Explain ____________________________________________
________________________________________________________

Are only DOE Radiological Worker Trained individuals operating at the site:
Yes   □   No   □
If No, Explain ____________________________________________
________________________________________________________
DEFICIENCIES
(Provide a complete description of any deficiencies noted and/or observed)


RECOMMENDATIONS FOR IMPROVEMENT
(Provide any recommendations and/or suggestions for additional ICs which could be implemented at this site which would be beneficial at this site)


CERCLA SITE INSPECTION
PHOTOGRAPH LOG

Date of Inspection: 6/26/02
Time of Inspection: 1436

Person(s) Conducting Inspection:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Giles</td>
<td>Principal Scientist</td>
<td>8150</td>
</tr>
</tbody>
</table>

SITE INFORMATION

CERCLA Site ID: TRA-04
Operable Unit: 2-13
Site Description: TRA-04 Retention Basin

<table>
<thead>
<tr>
<th>Photograph Number</th>
<th>Location and Direction</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>North and E area looking South</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>CERCLA Sign</td>
<td></td>
</tr>
</tbody>
</table>
Site Inspection Form
CERCLA Institutional Control Sites

Date of Inspection: 6/26/02
Time of Inspection: 1252
Person(s) Conducting Inspection:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>John R. Giles</td>
<td>Principal Scientist</td>
<td>3180</td>
</tr>
<tr>
<td>Jody Landis</td>
<td>Construction Coordinator</td>
<td>3180</td>
</tr>
</tbody>
</table>

SITE INFORMATION

CERCLA Site ID: TRA-06
Operable Unit: OU 2-13
Site Description: Chemical Waste Pond

Site Contact:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
<th>Phone #</th>
<th>S#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Wilkerson</td>
<td>Project Manager</td>
<td>3180</td>
<td>64150</td>
<td>79777</td>
</tr>
</tbody>
</table>

Record of Decision Land Use Designation: Industrial
Current Land Use: Industrial

Institutional Controls Required for Site (check all that apply):

- Access Restrictions ☑
- Warning Signs ☑
- Fencing
- Control of Activities ☑
- Inclusion in CFLUP ☑
- Property Transfer/Lease Restrictions ☑
- Notice to Affected Stakeholders
Institutional Controls Observed for Site (check all that apply):

- Access Restrictions  
- Warning Signs  
- Fencing  
- Control of Activities  
- Inclusion in CFLUP  
- Property Transfer/Lease Restrictions  
- Notice to Affected Stakeholders

Are the institutional Controls operational and functional?
Yes  
No  

Are Survey Maps of the site available?
Yes  
No  

Drawing Number(s)  

Photograph Identification Number(s): See attached photo log  
(Identify date, time, location and compass orientation of all photographs taken)

OBSERVATIONS

Current Operational Status of the Site:  Observation (e.g. Assessment, Characterization, Design, Construction, O&M)

Evidence of Human Disturbance:  No  

Warning Signs Clearly Indicate Hazards Present at Site:

Yes  
No  
If No, Explain


Warning Signs Clearly Visible from all Avenues of Approach to the Site:

Yes  
No  
If No, Explain


Page 2 of 5
All Signs are intact and information is legible:
Yes √ No __
If No, Explain ____________________________________________
__________________________________________________________

All Site Boundary Monuments are intact and information is legible:
Yes √ No __
If No, Explain ____________________________________________
__________________________________________________________

Required Stakeholder Notices distributed:
Yes __ No ____ N/A √
DOE-ID Directives and Procedures which implement Institutional Controls
are in place:
Yes ____ No ____ N/A ______

RADIOLOGICAL CONTAMINATED SITES ONLY
Are workers operating under an approved Radiological Work Permit:
Yes ____ No √
If No, Explain RWP not required for annual inspections.
__________________________________________________________

Are only DOE Radiological Worker Trained individuals operating at the site:
Yes √ No ____
If No, Explain ____________________________________________
__________________________________________________________
DEFICIENCIES
(Provide a complete description of any deficiencies noted and/or observed)

As noted on the TRA Chemical Waste Pond Inspection Report Form,
the entire vegetation is very sparse and the water is dominated
by algae.

RECOMMENDATIONS FOR IMPROVEMENT
(Provide any recommendations and/or suggestions for additional ICs which could
be implemented at this site which would be beneficial at this site)
CERCLA SITE INSPECTION
PHOTOGRAPH LOG

Date of Inspection: 6/26/02
Time of Inspection: 12:52

Person(s) Conducting Inspection:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Giles</td>
<td>Principal Scientist</td>
<td>SBA</td>
</tr>
<tr>
<td>Jody Landis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SITE INFORMATION

CERCLA Site ID: TRA-06
Operable Unit: OU 2-13
Site Description: TRA Chemical Waste Pond

<table>
<thead>
<tr>
<th>Photograph Number</th>
<th>Location and Direction</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>574 1</td>
<td>West side of Chemical Waste Pond looking east</td>
<td></td>
</tr>
<tr>
<td>553 2</td>
<td>at CERCLA sign</td>
<td></td>
</tr>
<tr>
<td>576 3</td>
<td>Southeast corner of CWP looking North</td>
<td></td>
</tr>
<tr>
<td>69 4</td>
<td>Southeast corner of CWP looking Northwest</td>
<td></td>
</tr>
<tr>
<td>21 5</td>
<td>Southeast corner of CWP looking West</td>
<td></td>
</tr>
</tbody>
</table>
Site Inspection Form
CERCLA Institutional Control Sites

Date of Inspection: 6/26/02
Time of Inspection: 1325

Person(s) Conducting Inspection:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>John R. Giles</td>
<td>Principal Scientist</td>
<td>TRA-SP</td>
</tr>
<tr>
<td>Jody Landis</td>
<td>Construction Coordinator</td>
<td>TRA-SP</td>
</tr>
</tbody>
</table>

SITE INFORMATION
CERCLA Site ID: TRA-08
Operable Unit: 04-2-13
Site Description: TRA Cold Water Ponds

Site Contact:
Steve Wilkins Project Manager TRA-SP 64150 71777

Record of Decision Land Use Designation: Industrial/Restricted

Current Land Use: Industrial

Institutional Controls Required for Site (check all that apply):

- Access Restrictions
- Warning Signs
- Fencing
- Control of Activities
- Inclusion in CFLUP
- Property Transfer/Lease Restrictions
- Notice to Affected Stakeholders

Page 1 of 5
Institutional Controls Observed for Site (check all that apply):

- Access Restrictions
- Warning Signs
- Fencing
- Control of Activities
- Inclusion in CFLUP
- Property Transfer/Lease Restrictions
- Notice to Affected Stakeholders

Are the Institutional Controls operational and functional?
Yes [ ] No [ ]

Are Survey Maps of the site available?
Yes [ ] No [ ]

Drawing Number(s) ____________________________

Photograph Identification Number(s): See attached photo log
(Identify date, time, location and compass orientation of all photographs taken)

OBSERVATIONS

Current Operational Status of the Site: South pend receiving offload
(e.g. Assessment, Characterization, Design, Construction, O&M)

Evidence of Human Disturbance: [ ]

Warning Signs Clearly Indicate Hazards Present at Site:
Yes [ ] No [ ]
If No, Explain ____________________________

Warning Signs Clearly Visible from all Avenues of Approach to the Site:
Yes [ ] No [ ]
If No, Explain CERCLA sign with "Do Not Disturb" Posted at Gate providing access to the Cold Water Pond
______________________________________________________________________________
All Signs are intact and information is legible:
Yes ___________ No ________
If No, Explain ________________________________________________________________
____________________________________________________________________________

All Site Boundary Monuments are intact and information is legible:
Yes ___________ No ________
If No, Explain ________________________________________________________________
____________________________________________________________________________

Required Stakeholder Notices distributed:
Yes ___________ No ________ N/A __________
DOE-ID Directives and Procedures which implement Institutional Controls are in place:
Yes ___________ No ________ N/A ________

RADIOLOGICAL CONTAMINATED SITES ONLY
Are workers operating under an approved Radiological Work Permit:
Yes ___________ No ________
If No, Explain ________________________________________________________________
____________________________________________________________________________

Are only DOE Radiological Worker Trained individuals operating at the site:
Yes ___________ No ________
If No, Explain ________________________________________________________________
____________________________________________________________________________
DEFICIENCIES
(Provide a complete description of any deficiencies noted and/or observed)


RECOMMENDATIONS FOR IMPROVEMENT
(Provide any recommendations and/or suggestions for additional ICs which could be implemented at this site which would be beneficial at this site)


Page 4 of 5
**CERCLA SITE INSPECTION**

**PHOTOGRAPH LOG**

Date of Inspection: 6/26/02

Time of Inspection: 1325

Person(s) Conducting Inspection:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>John R. Giles</td>
<td>Principal Scientist</td>
<td>3EPA</td>
</tr>
<tr>
<td>Judy Landis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SITE INFORMATION**

CERCLA Site ID: TRA-08

Operable Unit: OU 2-13

Site Description: TRA Cold Waste Ponds

<table>
<thead>
<tr>
<th>Photograph Number</th>
<th>Location and Direction</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>West side of cold waste pond looking east</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Northwest corner of south pond looking southeast</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Southwest corner of north pond looking northwest</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>CERCLA Sign looking west</td>
<td></td>
</tr>
</tbody>
</table>
**Site Inspection Form**

**CERCLA Institutional Control Sites**

<table>
<thead>
<tr>
<th>Date of Inspection:</th>
<th>6/26/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time of Inspection:</td>
<td>12:36</td>
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</tbody>
</table>

Person(s) Conducting Inspection:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Coles</td>
<td>Principal Scientist</td>
<td>3180</td>
</tr>
<tr>
<td>Judy Landis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SITE INFORMATION**

<table>
<thead>
<tr>
<th>CERCLA Site ID:</th>
<th>TRA-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operable Unit:</td>
<td>OU 2-13</td>
</tr>
<tr>
<td>Site Description:</td>
<td>TRA Sewage Leach Pond</td>
</tr>
</tbody>
</table>

Site Contact:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
<th>Phone #</th>
<th>S#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Wilkinson</td>
<td>Project Manager</td>
<td>3180</td>
<td>64150</td>
<td>179877</td>
</tr>
</tbody>
</table>

Record of Decision Land Use Designation: **Industrial / Radiologically Controlled**

Current Land Use: **Industrial**

Institutional Controls Required for Site (check all that apply):

- Access Restrictions  
- Warning Signs  
- Fencing  
- Control of Activities  
- Inclusion in CFLUP  
- Property Transfer/Lease Restrictions  
- Notice to Affected Stakeholders  

Page 1 of 5
Institutional Controls Observed for Site (check all that apply):

- Access Restrictions ✓
- Warning Signs ✓
- Fencing
- Control of Activities ✓
- Inclusion in CFLUP ✓
- Property Transfer/Lease Restrictions ✓
- Notice to Affected Stakeholders N/A

Are the Institutional Controls operational and functional?
Yes ✓ No

Are Survey Maps of the site available?
Yes ✓ No

Drawing Number(s) ____________________________

Photograph Identification Number(s): See attached photo log.
(Identify date, time, location and compass orientation of all photographs taken)

OBSERVATIONS

Current Operational Status of the Site: O&M or engineering canc.
(e.g. Assessment, Characterization, Design, Construction, O&M)

Evidence of Human Disturbance: No

Warning Signs Clearly Indicate Hazards Present at Site:
Yes ✓ No

If No, Explain Radiological control posting for underground FMA Storage markers. Do not disturb signs.

Warning Signs Clearly Visible from all Avenues of Approach to the Site:
Yes ✓ No

If No, Explain


Page 2 of 5

D-24
All Signs are intact and information is legible:
Yes  ✔   No  
If No, Explain  

All Site Boundary Monuments are intact and information is legible:
Yes  ✔   No  
If No, Explain  

Required Stakeholder Notices distributed:
Yes  ✔   No  N/A  ✔

DOE-ID Directives and Procedures which implement Institutional Controls are in place:
Yes  ✔   No  N/A  ✔

RADIOLOGICAL CONTAMINATED SITES ONLY
Are workers operating under an approved Radiological Work Permit:
Yes  ✔   No  
If No, Explain  
**RWP not required for performing visual and surface radiological surveys of the SLIP.**

Are only DOE Radiological Worker Trained individuals operating at the site:
Yes  ✔   No  
If No, Explain  

Page 3 of 5
DEFICIENCIES

(Provide a complete description of any deficiencies noted and/or observed)

As noted on the TPA Swing Pool Inspection Report Form, the revegetation effort from the Fall of 2001 does not appear successful as of yet. The area is dominated by weeds. Several ant hills noted in northern portion of SLB. Radiological Anomaly identified with GPRS survey performed on 5/14/02.

RECOMMENDATIONS FOR IMPROVEMENT

(Provide any recommendations and/or suggestions for additional ICs which could be implemented at this site which would be beneficial at this site)

Recommended characterization of radiological anomaly with in-situ HDSR spectrometer. Possible re-cover of area with GPRS due to faulty equipment during initial survey on 5/14/02.
CERCLA SITE INSPECTION
PHOTOGRAPH LOG

Date of Inspection: 6/26/02
Time of Inspection: 12:36

Person(s) Conducting Inspection:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>John R. Giles</td>
<td>Principle Scientist</td>
<td>31 PAMS</td>
</tr>
<tr>
<td>Judy Landis</td>
<td>Construction Coordinator</td>
<td>31 PAMS</td>
</tr>
</tbody>
</table>

SITE INFORMATION

CERCLA Site ID: TRA-13
Operable Unit: OU 2-13
Site Description: TRA Sewage Leach Pond

<table>
<thead>
<tr>
<th>Photograph Number</th>
<th>Location and Direction</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>West side looking out at SLP</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>West side looking at CERCLA sign</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Northern portion of SLP cover - north hill</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>View of SLP looking east</td>
<td></td>
</tr>
</tbody>
</table>
Site Inspection Form  
CERCLA Institutional Control Sites

| Date of Inspection: | 6/26/02 |
| Time of Inspection: | 14:42 |
| Person(s) Conducting Inspection: | John Giles, Principal Scientist |

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Giles</td>
<td>Principal Scientist</td>
<td>3150</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
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SITE INFORMATION

| CERCLA Site ID: | TRB-15 |
| Operable Unit: | 2-13 |
| Site Description: | TRA Hot Waste Tanks 2, 3, 4 |

Site Contact:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
<th>Phone</th>
<th>S#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stacy Wilkins, Project Manager</td>
<td>3150</td>
<td>6-4150</td>
<td>2977</td>
<td></td>
</tr>
</tbody>
</table>

Record of Decision Land Use Designation: Industrial

Current Land Use: Industrial

Institutional Controls Required for Site (check all that apply):

- Access Restrictions [X]
- Warning Signs [X]
- Fencing [X]
- Control of Activities [X]
- Inclusion in CFLUP
- Property Transfer/Lease Restrictions [X]
- Notice to Affected Stakeholders

Page 1 of 5
Institutional Controls Observed for Site (check all that apply):

- Access Restrictions
- Warning Signs
- Fencing
- Control of Activities
- Inclusion in CFLUP
- Property Transfer/Lease Restrictions
- Notice to Affected Stakeholders

Are the Institutional Controls operational and functional?
Yes ☒ No ☐

Are Survey Maps of the site available?
Yes ☒ No ☐

Drawing Number(s) ____________________________

Photograph Identification Number(s): See attached photo log
(Identify date, time, location and compass orientation of all photographs taken)

OBSERVATIONS

Current Operational Status of the Site: Limited operational access
(e.g. Assessment, Characterization, Design, Construction, O&M)

Evidence of Human Disturbance: ☐

Warning Signs Clearly Indicate Hazards Present at Site:
Yes ☒ No ☐
If No, Explain _____________________________________________________________

________________________________________________________________________

Warning Signs Clearly Visible from all Avenues of Approach to the Site:
Yes ☒ No ☐
If No, Explain _____________________________________________________________

________________________________________________________________________
All Signs are intact and information is legible:
Yes ☑️  No ____
If No, Explain ____________________________________________

All Site Boundary Monuments are intact and information is legible:
Yes _____  No _____
If No, Explain ____________________________________________

Required Stakeholder Notices distributed:
Yes _____  No _____  N/A √

DOE-ID Directives and Procedures which implement Institutional Controls are in place:
Yes _____  No _____  N/A _____

RADIOLOGICAL CONTAMINATED SITES ONLY
Are workers operating under an approved Radiological Work Permit:
Yes ☑️  No ____
If No, Explain __________________________________________________________________________

Are only DOE-Radiological Worker Trained individuals operating at the site:
Yes ☑️  No ____
If No, Explain __________________________________________________________________________
DERCIENClES
(Provide a complete description of any deficiencies noted and/or observed)


RECOMMENDATIONS FOR IMPROVEMENT
(Provide any recommendations and/or suggestions for additional ICs which could be implemented at this site which would be beneficial at this site)
# CERCLA SITE INSPECTION

## PHOTOGRAPH LOG

<table>
<thead>
<tr>
<th>Date of Inspection:</th>
<th>6/26/02</th>
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</thead>
<tbody>
<tr>
<td>Time of Inspection:</td>
<td>1448</td>
</tr>
<tr>
<td>Person(s) Conducting Inspection:</td>
<td></td>
</tr>
<tr>
<td><strong>Printed Name</strong></td>
<td><strong>Title</strong></td>
</tr>
<tr>
<td>John Giles</td>
<td>Project Engineer</td>
</tr>
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### SITE INFORMATION

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Operable Unit:</td>
<td>2-13</td>
</tr>
<tr>
<td>Site Description:</td>
<td>TRA Hot Waste tanks 2,3,4</td>
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</tbody>
</table>

<table>
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<tr>
<th>Photograph Number</th>
<th>Location and Direction</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>CERCLA sign looking south</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>North boundary of site looking south</td>
<td></td>
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Date of Inspection: 6/26/02
Time of Inspection: 1:48
Person(s) Conducting Inspection:

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<th>Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Giles</td>
<td>Principal Scientist</td>
<td>3180</td>
</tr>
</tbody>
</table>

Printed Name | Title | Organization

SITE INFORMATION

CERCLA Site ID: TRA-19
Operable Unit: 2-13
Site Description: TRA Rad Tanks at TRA 630

Site Contact:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
<th>Phone #</th>
<th>S#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Williams</td>
<td>Project Manager</td>
<td>3180</td>
<td>6-4150</td>
<td>7977</td>
</tr>
</tbody>
</table>

Record of Decision Land Use Designation: Industrial/Radiologically Controlled
Current Land Use: Industrial/Radiologically Controlled

Institutional Controls Required for Site (check all that apply):

- Access Restrictions
- Warning Signs
- Fencing
- Control of Activities
- Inclusion in CFLUP
- Property Transfer/Lease Restrictions
- Notice to Affected Stakeholders
Institutional Controls Observed for Site (check all that apply):

- Access Restrictions
- Warning Signs
- Fencing
- Control of Activities
- Inclusion in CFLUP
- Property Transfer/Lease Restrictions
- Notice to Affected Stakeholders

Are the Institutional Controls operational and functional?
Yes [✓] No [ ]

Are Survey Maps of the site available?
Yes [✓] No [ ]

Drawing Number(s) ____________________________

Photograph Identification Number(s): See attached photo log
(Identify date, time, location and compass orientation of all photographs taken)

OBSERVATIONS

Current Operational Status of the Site: Restricted operational access
(e.g. Assessment, Characterization, Design, Construction, O&M)

Evidence of Human Disturbance: No

Warning Signs Clearly Indicate Hazards Present at Site:
Yes [✓] No [ ]
If No, Explain ____________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Warning Signs Clearly Visible from all Avenues of Approach to the Site:
Yes [✓] No [ ]
If No, Explain ____________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
All Signs are intact and information is legible:
Yes ☑ No ____
If No, Explain ______________________________________________________

All Site Boundary Monuments are intact and information is legible:
Yes ____ No ____
If No, Explain ______________________________________________________

Required Stakeholder Notices distributed:
Yes ____ No ____ N/A ☑
DOE-ID Directives and Procedures which implement Institutional Controls are in place:
Yes ____ No ____ N/A ____

RADIOLOGICAL CONTAMINATED SITES ONLY
Are workers operating under an approved Radiological Work Permit:
Yes ☑ No ____
If No, Explain ______________________________________________________

Are only DOE Radiological Worker Trained individuals operating at the site:
Yes ☑ No ____
If No, Explain ______________________________________________________
DEFICIENCIES
(Provide a complete description of any deficiencies noted and/or observed)
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

RECOMMENDATIONS FOR IMPROVEMENT
(Provide any recommendations and/or suggestions for additional ICs which could be implemented at this site which would be beneficial at this site)
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
# CERCLA SITE INSPECTION
## PHOTOGRAPH LOG

Date of Inspection: 6/26/02  
Time of Inspection: 1449

Person(s) Conducting Inspection:

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<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
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<tbody>
<tr>
<td>John Giles</td>
<td>Project Scientist</td>
<td>3/1/06</td>
</tr>
</tbody>
</table>

## SITE INFORMATION

CERCLA Site ID: TRA-19  
Operable Unit: Z-13  
Site Description: TRA Rad Tanks at TRA 630

### Photograph Number  
Location and Direction  
Description

<table>
<thead>
<tr>
<th>Photograph Number</th>
<th>Location and Direction</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>CERCLA sign on outside of building</td>
<td></td>
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Site Inspection Form
CERCLA Institutional Control Sites

Date of Inspection: 6/26/82
Time of Inspection: 1303

Person(s) Conducting Inspection:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
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<tbody>
<tr>
<td>John R. Giles</td>
<td>Principle Scientist</td>
<td>3180</td>
</tr>
<tr>
<td>Judy Landis</td>
<td>Construction Coordinator</td>
<td>3180</td>
</tr>
</tbody>
</table>

SITE INFORMATION

CERCLA Site ID: TKA-34
Operable Unit: 2-13
Site Description: North Storage Area

Site Contact:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
<th>Phone #</th>
<th>S#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Wilson</td>
<td>Project Manager</td>
<td>3180</td>
<td>64150</td>
<td>7A57</td>
</tr>
</tbody>
</table>

Record of Decision Land Use Designation: Industrial / Radiologically Controlled

Current Land Use: Industrial / Radiologically Controlled

Institutional Controls Required for Site (check all that apply):

- Access Restrictions
- Warning Signs
- Fencing
- Control of Activities
- Inclusion in CFLUP
- Property Transfer/Lease Restrictions
- Notice to Affected Stakeholders

Page 1 of 5
Institutional Controls Observed for Site (check all that apply):

- Access Restrictions
  - Warning Signs
- Fencing
- Control of Activities
  - Inclusion in CFLUP
- Property Transfer/Lease Restrictions
  - Notice to Affected Stakeholders

Are the Institutional Controls operational and functional?
Yes ☑️ No ☐

Are Survey Maps of the site available?
Yes ☑️ No ☐

Drawing Number(s) __________________________

Photograph Identification Number(s): [See attached photo log]
(Identify date, time, location and compass orientation of all photographs taken)

OBSERVATIONS

Current Operational Status of the Site: No entry. Restricted access. (e.g. Assessment, Characterization, Design, Construction, O&M)

Evidence of Human Disturbance: No __________________________

Warning Signs Clearly Indicate Hazards Present at Site:
Yes ☑️ No ☐

If No, Explain __________________________

______________________________

Warning Signs Clearly Visible from all Avenues of Approach to the Site:
Yes ☑️ No ☐

If No, Explain __________________________

______________________________
All Signs are intact and information is legible:
Yes ☑️ No ☐
If No, Explain ____________________________________________________________
________________________________________________________________________
________________________________________________________________________

All Site Boundary Monuments are intact and information is legible:
Yes _____ No _____
If No, Explain ____________________________________________________________
________________________________________________________________________
________________________________________________________________________

Required Stakeholder Notices distributed:
Yes _____ No _____ N/A ☑️
DOE-ID Directives and Procedures which implement Institutional Controls are in place:
Yes _____ No _____ N/A _____

RADILOGICAL CONTAMINATED SITES ONLY
Are workers operating under an approved Radiological Work Permit:
Yes ☑️ No ☐
If No, Explain EWP required for entry into radiological control area.
________________________________________________________________________
________________________________________________________________________

Are only DOE Radiological Worker Trained individuals operating at the site:
Yes ☑️ No ☐
If No, Explain ____________________________________________________________
________________________________________________________________________
________________________________________________________________________
DEFICIENCIES
(Provide a complete description of any deficiencies noted and/or observed)


RECOMMENDATIONS FOR IMPROVEMENT
(Provide any recommendations and/or suggestions for additional ICs which could be implemented at this site which would be beneficial at this site)


Page 4 of 5
CERCLA SITE INSPECTION
PHOTOGRAPH LOG

Date of Inspection: 6/26/82
Time of Inspection: 1303

Person(s) Conducting Inspection:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Giles</td>
<td>Principle Scientist</td>
<td>3180</td>
</tr>
<tr>
<td>Judy Landis</td>
<td>Construction Coordinator</td>
<td>3180</td>
</tr>
</tbody>
</table>

SITE INFORMATION

CERCLA Site ID: TRA-541
Operable Unit: Z-13
Site Description: TRA North Storage Area

<table>
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<th>Photograph Number</th>
<th>Location and Direction</th>
<th>Description</th>
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<tr>
<td>1</td>
<td>Northwest corner of site looking at CERCLA sip</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>North edge of area, looking southwest</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>North edge area, looking south</td>
<td></td>
</tr>
</tbody>
</table>
Site Inspection Form
CERCLA Institutional Control Sites

Date of Inspection: 6/26/02
Time of Inspection: 15:24
Person(s) Conducting Inspection:

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<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Giles</td>
<td>Director Scientist</td>
<td>USPHS</td>
</tr>
</tbody>
</table>

Printed Name | Title | Organization |
--------|-------|--------------|

SITE INFORMATION

CERCLA Site ID: PCB Spill at TRA-619
Operable Unit: 2-13
Site Description: PCB Spill at TRA-619

Site Contact:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
<th>Phone #</th>
<th>S#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Wilkinson</td>
<td>Project Manager</td>
<td>USPHS</td>
<td>6-4150</td>
<td>7777</td>
</tr>
</tbody>
</table>

Record of Decision Land Use Designation: Industrial

Current Land Use: Industrial

Institutional Controls Required for Site (check all that apply):

- Access Restrictions [ ]
- Warning Signs [X]
- Fencing [ ]
- Control of Activities [ ]
- Inclusion in CFLUP [ ]
- Property Transfer/Lease Restrictions [ ]
- Notice to Affected Stakeholders [ ]
Institutional Controls Observed for Site (check all that apply):

- Access Restrictions
- Warning Signs
- Fencing
- Control of Activities
- Inclusion in CFLUP
- Property Transfer/Lease Restrictions
- Notice to Affected Stakeholders

Are the Institutional Controls operational and functional?
Yes ☑ No ☐

Are Survey Maps of the site available?
Yes ☑ No ☐

Drawing Number(s) ____________________________

Photograph Identification Number(s): See attached photo log
(Identify date, time, location and compass orientation of all photographs taken)

OBSERVATIONS

Current Operational Status of the Site: No action ____________________
(e.g. Assessment, Characterization, Design, Construction, O&M)

Evidence of Human Disturbance: No ____________________________

Warning Signs Clearly Indicate Hazards Present at Site:
Yes ☑ No ☐
If No, Explain ________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Warning Signs Clearly Visible from all Avenues of Approach to the Site:
Yes ☑ No ☐
If No, Explain ________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
All Signs are intact and information is legible:
Yes [ ]  No [ ]
If No, Explain ________________________________

All Site Boundary Monuments are intact and information is legible:
Yes [ ]  No [ ]
If No, Explain ________________________________

Required Stakeholder Notices distributed:
Yes [ ]  No [ ]  N/A [x]

DOE-ID Directives and Procedures which implement Institutional Controls are in place:
Yes [ ]  No [ ]  N/A [ ]

RADIOLOGICAL CONTAMINATED SITES ONLY
Are workers operating under an approved Radiological Work Permit:
Yes [ ]  No [ ]
If No, Explain ________________________________

Are only DOE Radiological Worker Trained individuals operating at the site:
Yes [ ]  No [ ]
If No, Explain ________________________________
DEFICIENCIES
(Provide a complete description of any deficiencies noted and/or observed)

RECOMMENDATIONS FOR IMPROVEMENT
(Provide any recommendations and/or suggestions for additional ICs which could be implemented at this site which would be beneficial at this site)
CERCLA SITE INSPECTION
PHOTOGRAPH LOG

<table>
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Person(s) Conducting Inspection:

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<th>Title</th>
<th>Organization</th>
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<tbody>
<tr>
<td>John Giles</td>
<td>Principle Scientist</td>
<td>3189</td>
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SITE INFORMATION

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<td>Site Description:</td>
<td>PCB Spill at TRA - 619</td>
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<th>Location and Direction</th>
<th>Description</th>
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<td>1</td>
<td>CERCLA Sign looking Northwest</td>
<td></td>
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<tr>
<td>2</td>
<td>General Area looking West</td>
<td></td>
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Site Inspection Form
CERCLA Institutional Control Sites

Date of Inspection: 1/26/02
Time of Inspection: 1502
Person(s) Conducting Inspection:

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<th>Title</th>
<th>Organization</th>
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<tbody>
<tr>
<td>John G00s</td>
<td>Principal Scientist</td>
<td>3186</td>
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<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
</table>

SITE INFORMATION

CERCLA Site ID: TRA PCB Spill at TRA 626
Operable Unit: 2-13
Site Description: TRA PCB Spill at TRA 626

Site Contact:

<table>
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<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
<th>Phone #</th>
<th>S#</th>
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</thead>
<tbody>
<tr>
<td>Steve Williams</td>
<td>Project Manager</td>
<td>3186</td>
<td>6-4150</td>
<td>2977</td>
</tr>
</tbody>
</table>

Record of Decision Land Use Designation: Industrial

Current Land Use: Industrial

Institutional Controls Required for Site (check all that apply):

- Access Restrictions -
- Warning Signs -
- Fencing
- Control of Activities
- Inclusion in CFLUP
- Property Transfer/Lease Restrictions
- Notice to Affected Stakeholders
Institutional Controls Observed for Site (check all that apply):

- Access Restrictions
- Warning Signs
- Fencing
- Control of Activities
- Inclusion in CFLUP
- Property Transfer/Lease Restrictions
- Notice to Affected Stakeholders

Are the Institutional Controls operational and functional?
Yes [ ] No [ ]

Are Survey Maps of the site available?
Yes [ ] No [ ]

Drawing Number(s) ____________________________________________

Photograph identification Number(s): See attached photo log
(Identify date, time, location and compass orientation of all photographs taken)

OBSERVATIONS

Current Operational Status of the Site: No action ________________
(e.g. Assessment, Characterization, Design, Construction, O&M)

Evidence of Human Disturbance: No ____________________________

Warning Signs Clearly Indicate Hazards Present at Site:
Yes [ ] No [ ]
If No, Explain ______________________________________________________

Warning Signs Clearly Visible from all Avenues of Approach to the Site:
Yes [ ] No [ ]
If No, Explain ______________________________________________________
All Signs are intact and Information is legible:
Yes ☑ No ___
If No, Explain ________________________________________________

All Site Boundary Monuments are intact and Information is legible:
Yes ___ No ___
If No, Explain ________________________________________________

Required Stakeholder Notices distributed:
Yes ___ No ___ N/A ☑
DOE-ID Directives and Procedures which implement Institutional Controls are in place:
Yes ___ No ___ N/A ___

RADIOLOGICAL CONTAMINATED SITES ONLY
Are workers operating under an approved Radiological Work Permit:
Yes ___ No ___
If No, Explain ________________________________________________

Are only DOE Radiological Worker Trained individuals operating at the site:
Yes ___ No ___
If No, Explain ________________________________________________
DEFICIENCIES
(Provide a complete description of any deficiencies noted and/or observed)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

RECOMMENDATIONS FOR IMPROVEMENT
(Provide any recommendations and/or suggestions for additional ICs which could be implemented at this site which would be beneficial at this site)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
**CERCLA SITE INSPECTION**
**PHOTOGRAPH LOG**

<table>
<thead>
<tr>
<th>Date of Inspection:</th>
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</thead>
<tbody>
<tr>
<td>Time of Inspection:</td>
<td>1500</td>
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<tr>
<td>Person(s) Conducting Inspection:</td>
<td>John Giles Principal Scientist SRS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Giles</td>
<td>Principal Scientist</td>
<td>SRS</td>
</tr>
</tbody>
</table>

**SITE INFORMATION**

- **CERCLA Site ID:** TRA PCB Spill at TRA 626
- **Operable Unit:** 2-13
- **Site Description:** TRA PCB Spill at TRA 626

<table>
<thead>
<tr>
<th>Photograph Number</th>
<th>Location and Direction</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CERCLA sign looking south</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>View of site looking south</td>
<td></td>
</tr>
</tbody>
</table>
Site Inspection Form
CERCLA Institutional Control Sites

Date of Inspection: 6/26/02
Time of Inspection: 14:18
Person(s) Conducting Inspection:

John Coles, Principle Scientist 3/18

Printed Name Title Organization

SITE INFORMATION

CERCLA Site ID: PCB Spill at TRA 653
Operable Unit: 2-13
Site Description: PCB Spill at TRA 653

Site Contact:

Gail Wilkinson, Project Manager 5/18 6-418 7977

Printed Name Title Organization Phone # S#

Record of Decision Land Use Designation: Industrial

Current Land Use: Industrial

Institutional Controls Required for Site (check all that apply):

- Access Restrictions
- Warning Signs
- Fencing
- Control of Activities
- Inclusion in CFLUP
- Property Transfer/Lease Restrictions
- Notice to Affected Stakeholders

Page 1 of 5
Institutional Controls Observed for Site (check all that apply):

- Access Restrictions
- Warning Signs
- Fencing
- Control of Activities
- Inclusion in CFLUP
- Property Transfer/Lease Restrictions
- Notice to Affected Stakeholders

Are the Institutional Controls operational and functional?
Yes ☑  No ☐

Are Survey Maps of the site available?
Yes ☑  No ☐

Drawing Number(s): __________________________

Photograph Identification Number(s): See attached photo log
(Identify date, time, location and compass orientation of all photographs taken)

OBSERVATIONS

Current Operational Status of the Site: No action
(e.g. Assessment, Characterization, Design, Construction, O&M)

Evidence of Human Disturbance: No

Warning Signs Clearly Indicate Hazards Present at Site:
Yes ☑  No ☐
If No, Explain __________________________________________
_________________________________________________________
_________________________________________________________

Warning Signs Clearly Visible from all Avenues of Approach to the Site:
Yes ☑  No ☐
If No, Explain __________________________________________
_________________________________________________________
All Signs are intact and information is legible:
Yes ☑ No _____
If No, Explain ________________________________________________
________________________________________________________________
________________________________________________________________

All Site Boundary Monuments are intact and information is legible:
Yes _____ No _____
If No, Explain ________________________________________________
________________________________________________________________
________________________________________________________________

Required Stakeholder Notices distributed:
Yes _____ No _____ N/A ☑
DOE-ID Directives and Procedures which implement Institutional Controls
are in place:
Yes _____ No _____ N/A _____

RADIOLOGICAL CONTAMINATED SITES ONLY
Are workers operating under an approved Radiological Work Permit:
Yes _____ No _____
If No, Explain ________________________________________________
________________________________________________________________
________________________________________________________________

Are only DOE Radiological Worker Trained individuals operating at the site:
Yes _____ No _____
If No, Explain ________________________________________________
________________________________________________________________
________________________________________________________________
DEFICIENCIES
(Provide a complete description of any deficiencies noted and/or observed)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

RECOMMENDATIONS FOR IMPROVEMENT
(Provide any recommendations and/or suggestions for additional ICs which could be implemented at this site which would be beneficial at this site)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
CERCLA SITE INSPECTION
PHOTOGRAPH LOG

Date of Inspection: 6/26/02
Time of Inspection: 14:18

Person(s) Conducting Inspection:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Coles</td>
<td>Principle Scientist</td>
<td>318/6</td>
</tr>
</tbody>
</table>

SITE INFORMATION

CERCLA Site ID: PCB Spill at TRA 653
Operable Unit: 2-13
Site Description: PCB Spill at TRA-653

Photograph Number Location and Direction Description
1 CERCLA Sign w/site in background looking south
Site Inspection Form  
CERCLA Institutional Control Sites

Date of Inspection: 6/26/02  
Time of Inspection: 14:13  

Person(s) Conducting Inspection:  

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>John G.</td>
<td>Principle Scientist</td>
<td>3180</td>
</tr>
</tbody>
</table>

SITE INFORMATION

CERCLA Site ID: TRA-YHot Tree Site  
Operable Unit: OU 2-13  
Site Description: Hot Tree Site

Site Contact:  

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
<th>Phone #</th>
<th>S#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Wilkinson</td>
<td>Project Manager</td>
<td>3120</td>
<td>6-4050</td>
<td>79777</td>
</tr>
</tbody>
</table>

Record of Decision Land Use Designation: Industrial

Current Land Use: Industrial

Institutional Controls Required for Site (check all that apply):

- Access Restrictions
- Warning Signs ✓
- Fencing
- Control of Activities
- Inclusion in CFLUP
- Property Transfer/Lease Restrictions
- Notice to Affected Stakeholders

Page 1 of 5
Institutional Controls Observed for Site (check all that apply):

- Access Restrictions
- Warning Signs
- Fencing
- Control of Activities
- Inclusion in CFLUP
- Property Transfer/Lease Restrictions
- Notice to Affected Stakeholders

Are the Institutional Controls operational and functional?

Yes ☑ No

Are Survey Maps of the site available?

Yes ☑ No

Drawing Number(s):

Photograph Identification Number(s): See attached photo log

(Identify date, time, location and compass orientation of all photographs taken)

OBSERVATIONS

Current Operational Status of the Site: Non-action / restricted land use
(e.g. Assessment, Characterization, Design, Construction, O&M)

Evidence of Human Disturbance: No

Warning Signs Clearly Indicate Hazards Present at Site:

Yes ☑ No

If No, Explain

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Warning Signs Clearly Visible from all Avenues of Approach to the Site:

Yes ☑ No

If No, Explain

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
All Signs are intact and information is legible:
Yes ☑ No ___
If No, Explain __________________________________________
____________________________________________________________________________________________________________________

All Site Boundary Monuments are intact and information is legible:
Yes _____ No ___
If No, Explain __________________________________________
____________________________________________________________________________________________________________________

Required Stakeholder Notices distributed:
Yes _____ No ___ N/A ☑
DOE-ID Directives and Procedures which implement Institutional Controls are in place:
Yes _____ No ___ N/A _____

RADIOLOGICAL CONTAMINATED SITES ONLY
Are workers operating under an approved Radiological Work Permit:
Yes _____ No ___
If No, Explain __________________________________________
____________________________________________________________________________________________________________________

Are only DOE Radiological Worker Trained individuals operating at the site:
Yes _____ No ___
If No, Explain __________________________________________
____________________________________________________________________________________________________________________
DEFICIENCIES
(Provide a complete description of any deficiencies noted and/or observed)

________________________________________

________________________________________

________________________________________

RECOMMENDATIONS FOR IMPROVEMENT
(Provide any recommendations and/or suggestions for additional ICs which could
be implemented at this site which would be beneficial at this site)

________________________________________

________________________________________

________________________________________
**CERCLA SITE INSPECTION**  
**PHOTOGRAPH LOG**

Date of Inspection: 6/26/02  
Time of Inspection: 1413  

Person(s) Conducting Inspection:  
<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>John R. Giles</td>
<td>Principle Scientist</td>
<td>318D</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
</table>

**SITE INFORMATION**

CERCLA Site ID: TRA × Hot Tree Site  
Operable Unit: 2-13  
Site Description: Hot Tree Site

<table>
<thead>
<tr>
<th>Photograph Number</th>
<th>Location and Direction</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>CERCLA Site</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hot tree site looking north east</td>
<td></td>
</tr>
</tbody>
</table>

Page 5 of 5
Site Inspection Form
CERCLA Institutional Control Sites

Date of Inspection:  6/26/02
Time of Inspection:  14:23

Person(s) Conducting Inspection:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Giles</td>
<td>Principal Scientist</td>
<td>3180</td>
</tr>
</tbody>
</table>

SITE INFORMATION
CERCLA Site ID:  TRA-Y Brass Cap Area
Operable Unit:  2-13
Site Description:  Brass Cap Area

Site Contact:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
<th>Phone #</th>
<th>S#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Williams</td>
<td>Project Manager</td>
<td>3180</td>
<td>6-4150</td>
<td>74977</td>
</tr>
</tbody>
</table>

Record of Decision Land Use Designation:  Industrial / Radioactively Controlled
Current Land Use:  Industrial / Radioactively Controlled

Institutional Controls Required for Site (check all that apply):

- Access Restrictions  
- Warning Signs  
- Fencing  
- Control of Activities  
- Inclusion in CFLUP  
- Property Transfer/Lease Restrictions  
- Notice to Affected Stakeholders
Institutional Controls Observed for Site (check all that apply):

- Access Restrictions
- Warning Signs
- Fencing
- Control of Activities
- Inclusion in CFLUP
- Property Transfer/Lease Restrictions
- Notice to Affected Stakeholders

Are the Institutional Controls operational and functional?
Yes ☑ No ☐

Are Survey Maps of the site available?
Yes ☑ No ☐

Drawing Number(s) ________________________________

Photograph Identification Number(s): See attached photo log
(Identify date, time, location and compass orientation of all photographs taken)

OBSERVATIONS

Current Operational Status of the Site: Limited action/ restricted access
(e.g. Assessment, Characterization, Design, Construction, O&M)

Evidence of Human Disturbance: ☐

Warning Signs Clearly Indicate Hazards Present at Site:
Yes ☑ No ☐
If No, Explain ________________________________
________________________________________________________________________
________________________________________________________________________

Warning Signs Clearly Visible from all Avenues of Approach to the Site:
Yes ☑ No ☐
If No, Explain ________________________________
________________________________________________________________________
________________________________________________________________________
All Signs are intact and information is legible:
Yes ☑️ No _____
If No, Explain ____________________________

All Site Boundary Monuments are intact and information is legible:
Yes _____ No _____
If No, Explain ____________________________

Required Stakeholder Notices distributed:
Yes _____ No _____ N/A ☑️
DOE ID Directives and Procedures which implement Institutional Controls are in place:
Yes _____ No _____ N/A _____

RADIOLOGICAL CONTAMINATED SITES ONLY
Are workers operating under an approved Radiological Work Permit:
Yes ☑️ No _____
If No, Explain RWP required for entry into radiological control area

Are only DOE Radiological Worker Trained individuals operating at the site:
Yes ☑️ No _____
If No, Explain ____________________________

Page 3 of 5
DEFICIENCIES
(Provide a complete description of any deficiencies noted and/or observed)


RECOMMENDATIONS FOR IMPROVEMENT
(Provide any recommendations and/or suggestions for additional ICs which could be implemented at this site which would be beneficial at this site)
CERCLA SITE INSPECTION
PHOTOGRAPH LOG

Date of Inspection: 6/26/02
Time of Inspection: 14:23
Person(s) Conducting Inspection:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Giles</td>
<td>Principle Scientist</td>
<td>3186</td>
</tr>
</tbody>
</table>

SITE INFORMATION

CERCLA Site ID: TRA-Y Brass Cap Site
Operable Unit: 2-13
Site Description: Brass Cap Site

<table>
<thead>
<tr>
<th>Photograph Number</th>
<th>Location and Direction</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Photo of the u/CERCLA sign, looking west</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Close-up of CERCLA sign, looking west</td>
<td></td>
</tr>
</tbody>
</table>
Site Inspection Form  
CERCLA Institutional Control Sites

Date of Inspection: 6/26/02  
Time of Inspection: 1530  
Person(s) Conducting Inspection:  

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Giles</td>
<td>Principal Scientist</td>
<td>St/JI</td>
</tr>
</tbody>
</table>

Printed Name  
Title  
Organization

SITE INFORMATION

CERCLA Site ID: TRA-56  
Operable Unit: 2-13  
Site Description: Abandoned Acid Line from TRA-63 to TRA 645  

Site Contact:  

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
<th>Phone #</th>
<th>S#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starr Wilkins</td>
<td>Project Manager</td>
<td>3180</td>
<td>6-4150</td>
<td>79777</td>
</tr>
</tbody>
</table>

Record of Decision Land Use Designation: N/A  
Current Land Use: Industrial  
Institutional Controls Required for Site (check all that apply):

- Access Restrictions  
- Warning Signs  
- Fencing  
- Control of Activities  
- Inclusion in CFLUP  
- Property Transfer/Lease Restrictions  
- Notice to Affected Stakeholders
Institutional Controls Observed for Site (check all that apply):

- Access Restrictions  ✔
- Warning Signs  ✔
- Fencing  ✔
- Control of Activities  ✔
- Inclusion in CFLUP  
- Property Transfer/Lease Restrictions  
- Notice to Affected Stakeholders  

Are the Institutional Controls operational and functional?
Yes  ✔  No  

Are Survey Maps of the site available?
Yes  ✔  No  

Drawing Number(s)  

Photograph identification Number(s):  See attached photo log.
(Identify date, time, location and compass orientation of all photographs taken)

OBSERVATIONS

Current Operational Status of the Site:  Assessment
(e.g. Assessment, Characterization, Design, Construction, O&M)

Evidence of Human Disturbance:  No

Warning Signs Clearly Indicate Hazards Present at Site:
Yes  ✔  No  
If No, Explain  


Warning Signs Clearly Visible from all Avenues of Approach to the Site:
Yes  ✔  No  
If No, Explain  

Page 2 of 5
All Signs are intact and information is legible:
Yes √ No ____
If No, Explain ________________________________

All Site Boundary Monuments are intact and information is legible:
Yes ____ No ____
If No, Explain ________________________________

Required Stakeholder Notices distributed:
Yes ____ No ____ N/A √

DOE-ID Directives and Procedures which implement Institutional Controls are in place:
Yes ____ No ____ N/A ____

RADIOLOGICAL CONTAMINATED SITES ONLY
Are workers operating under an approved Radiological Work Permit:
Yes ____ No ____
If No, Explain ________________________________

Are only DOE Radiological Worker Trained individuals operating at the site:
Yes ____ No ____
If No, Explain ________________________________
DEFICIENCIES
(Provide a complete description of any deficiencies noted and/or observed)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

RECOMMENDATIONS FOR IMPROVEMENT
(Provide any recommendations and/or suggestions for additional ICs which could be implemented at this site which would be beneficial at this site)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
CERCLA SITE INSPECTION
PHOTOGRAPH LOG

Date of Inspection: 6/26/02
Time of Inspection: 1530
Person(s) Conducting Inspection:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Giles</td>
<td>Principle Scientist</td>
<td>3189</td>
</tr>
</tbody>
</table>

Printed Name | Title | Organization

SITE INFORMATION

CERCLA Site ID: TRA-56
Operable Unit: 2-15
Site Description: Abandoned Acid Line from TRA-63 to TRA-65

Photograph Number | Location and Direction | Description
---|---|---
1 | CERCLA sign, looking East, TRA-63 in background |
Site Inspection Form
CERCLA Institutional Control Sites

Date of Inspection: 6/26/02
Time of Inspection: 1512
Person(s) Conducting Inspection:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Giles</td>
<td>Principle Scientist</td>
<td>3180</td>
</tr>
</tbody>
</table>

Printed Name | Title | Organization

SITE INFORMATION

CERCLA Site ID: TR A-57
Operable Unit: 2-13
Site Description: Abandoned Buried Diesel Fuel Line

Site Contact:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
<th>Phone #</th>
<th>S#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Wilkinson</td>
<td>Project Manager</td>
<td>3180</td>
<td>64158</td>
<td>74777</td>
</tr>
</tbody>
</table>

Record of Decision Land Use Designation: N/A

Current Land Use: Industrial

Institutional Controls Required for Site (check all that apply):

- Access Restrictions ✓
- Warning Signs ✓
- Fencing
- Control of Activities ✓
- Inclusion in CFLUP
- Property Transfer/Lease Restrictions
- Notice to Affected Stakeholders
Institutional Controls Observed for Site (check all that apply):

- Access Restrictions
- Warning Signs
- Fencing
- Control of Activities
- Inclusion in CFLUP
- Property Transfer/Lease Restrictions
- Notice to Affected Stakeholders

Are the Institutional Controls operational and functional?  
Yes ☑  No ☐

Are Survey Maps of the site available?  
Yes ☑  No ☐

Drawing Number(s) ________________________________

Photograph identification Number(s): See attached photo log  
(Identify date, time, location and compass orientation of all photographs taken)

OBSERVATIONS

Current Operational Status of the Site:  
Assessment  
(e.g. Assessment, Characterization, Design, Construction, O&M)

Evidence of Human Disturbance:  
No

Warning Signs Clearly Indicate Hazards Present at Site:  
Yes ☑  No ☐

If No, Explain ________________________________

______________________________

Warning Signs Clearly Visible from all Avenues of Approach to the Site:  
Yes ☑  No ☐

If No, Explain ________________________________

______________________________
All Signs are intact and information is legible:
Yes  [ ]  No  [  ]
If No, Explain ______________________________________________

____________________________________________________________

All Site Boundary Monuments are intact and information is legible:
Yes  [  ]  No  [ ]
If No, Explain ______________________________________________

____________________________________________________________

Required Stakeholder Notices distributed:
Yes  [ ]  No  [  ]  N/A  [X]
DOE-ID Directives and Procedures which implement Institutional Controls are in place:
Yes  [ ]  No  [  ]  N/A  [ ]

RADIOLOGICAL CONTAMINATED SITES ONLY
Are workers operating under an approved Radiological Work Permit:
Yes  [  ]  No  [ ]
If No, Explain ______________________________________________

____________________________________________________________

Are only DOE Radiological Worker Trained individuals operating at the site:
Yes  [ ]  No  [  ]
If No, Explain ______________________________________________

____________________________________________________________
DEFICIENCIES

(Provide a complete description of any deficiencies noted and/or observed)

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

RECOMMENDATIONS FOR IMPROVEMENT

(Provide any recommendations and/or suggestions for additional ICs which could be implemented at this site which would be beneficial at this site)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
## CERCLA SITE INSPECTION
### PHOTOGRAPH LOG

<table>
<thead>
<tr>
<th>Date of Inspection:</th>
<th>6/26/07</th>
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<tbody>
<tr>
<td>Time of Inspection:</td>
<td>15:12</td>
</tr>
<tr>
<td>Person(s) Conducting Inspection:</td>
<td></td>
</tr>
<tr>
<td>John Giles</td>
<td>Principle Scientist</td>
</tr>
</tbody>
</table>

### SITE INFORMATION
- **CERCLA Site ID:** TRA-57
- **Operable Unit:** 2-13
- **Site Description:** Abandoned Rusted Diesel Fuel Oil Line

<table>
<thead>
<tr>
<th>Photograph Number</th>
<th>Location and Direction</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>CERCLA Sign  leaking North</td>
<td></td>
</tr>
</tbody>
</table>
# Site Inspection Form

**CERCLA Institutional Control Sites**

<table>
<thead>
<tr>
<th>Date of Inspection:</th>
<th>6/26/02</th>
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</thead>
<tbody>
<tr>
<td>Time of Inspection:</td>
<td>1517</td>
</tr>
<tr>
<td>Person(s) Conducting Inspection:</td>
<td></td>
</tr>
<tr>
<td><strong>John Giles</strong></td>
<td><strong>Principal Scientist</strong></td>
</tr>
<tr>
<td><strong>3166</strong></td>
<td></td>
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</table>

**SITE INFORMATION**

<table>
<thead>
<tr>
<th>CERCLA Site ID:</th>
<th>TRA-58</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operable Unit:</td>
<td>Z-13</td>
</tr>
<tr>
<td>Site Description:</td>
<td>Abandoned Buried Fuel Oil Lines</td>
</tr>
</tbody>
</table>

**Site Contact:**

<table>
<thead>
<tr>
<th>Steve Williams</th>
<th>Project Manager</th>
<th>3180</th>
<th>6-1450</th>
<th>74777</th>
</tr>
</thead>
</table>

**Record of Decision Land Use Designation:** N/A

**Current Land Use:** Industrial

**Institutional Controls Required for Site (check all that apply):**

- Access Restrictions [✓]
- Warning Signs [✓]
- Fencing
- Control of Activities [✓]
- Inclusion in CFLUP
- Property Transfer/Lease Restrictions
- Notice to Affected Stakeholders
Institutional Controls Observed for Site (check all that apply):

- Access Restrictions
- Warning Signs
- Fencing
- Control of Activities
- Inclusion in CFLUP
- Property Transfer/Lease Restrictions
- Notice to Affected Stakeholders

Are the Institutional Controls operational and functional?
Yes [ ] No [ ]

Are Survey Maps of the site available?
Yes [ ] No [ ]

Drawing Number(s) ________________________________

Photograph Identification Number(s): See attached photo log
(Identify date, time, location and compass orientation of all photographs taken)

OBSERVATIONS

Current Operational Status of the Site: Assessment
(e.g. Assessment, Characterization, Design, Construction, O&M)

Evidence of Human Disturbance: No

Warning Signs Clearly Indicate Hazards Present at Site:
Yes [ ] No [ ]
If No, Explain ________________________________

______________________________

Warning Signs Clearly Visible from all Avenues of Approach to the Site:
Yes [ ] No [ ]
If No, Explain ________________________________

______________________________
All Signs are intact and information is legible:
Yes ✔ No   
If No, Explain ____________________________________________________________

All Site Boundary Monuments are intact and information is legible:
Yes   No   
If No, Explain ____________________________________________________________

Required Stakeholder Notices distributed:
Yes   No   N/A   
DOE-ID Directives and Procedures which implement Institutional Controls are in place:
Yes   No   N/A   

RADIOLOGICAL CONTAMINATED SITES ONLY
Are workers operating under an approved Radiological Work Permit:
Yes   No   
If No, Explain ____________________________________________________________

Are only DOE Radiological Worker Trained individuals operating at the site:
Yes   No   
If No, Explain ____________________________________________________________
DEFICIENCIES
(Provide a complete description of any deficiencies noted and/or observed)


RECOMMENDATIONS FOR IMPROVEMENT
(Provide any recommendations and/or suggestions for additional ICs which could be implemented at this site which would be beneficial at this site)


Page 4 of 5
CERCLA SITE INSPECTION
PHOTOGRAPH LOG

Date of Inspection: 6/26/02
Time of Inspection: 15:12

Person(s) Conducting Inspection:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Giles</td>
<td>Principle Scientist</td>
<td>318F</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
</table>

SITE INFORMATION

CERCLA Site ID: TRA-58
Operable Unit: 2-13

Site Description: Abandoned Buried Fuel Oil Lines

<table>
<thead>
<tr>
<th>Photograph Number</th>
<th>Location and Direction</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CERCLA signs looking North</td>
<td></td>
</tr>
</tbody>
</table>

Page 5 of 5
Site Inspection Form
CERCLA Institutional Control Sites

Date of Inspection: 6/26/02
Time of Inspection: 15:57
Person(s) Conducting Inspection:
John Giles  Project Scientist  S1B0
Printed Name  Title  Organization

SITE INFORMATION
CERCLA Site ID: TRA-59
Operable Unit: 2-13
Site Description: Abandoned Buried Acid Line from TRA-631 to TRA-671

Site Contact:
Shirley Williams  Project Manager  S1B0  64650  79777
Printed Name  Title  Organization  Phone #  S#
Record of Decision Land Use Designation: N/A
Current Land Use: Industrial

Institutional Controls Required for Site (check all that apply):
- Access Restrictions ✓
- Warning Signs ✓
- Fencing
- Control of Activities ✓
- Inclusion in CFLUP
- Property Transfer/Lease Restrictions
- Notice to Affected Stakeholders
Institutional Controls Observed for Site (check all that apply):

- Access Restrictions
- Warning Signs
- Fencing
- Control of Activities
- Inclusion in CFLUP
- Property Transfer/Lease Restrictions
- Notice to Affected Stakeholders

Are the Institutional Controls operational and functional?
Yes √ No

Are Survey Maps of the site available?
Yes √ No

Drawing Number(s) ____________________________

Photograph Identification Number(s): See attached photo log
(Identify date, time, location and compass orientation of all photographs taken)

OBSERVATIONS

Current Operational Status of the Site: Assessment
(e.g. Assessment, Characterization, Design, Construction, O&M)

Evidence of Human Disturbance: √

Warning Signs Clearly Indicate Hazards Present at Site:
Yes √ No

If No, Explain ____________________________________________________________

__________________________________________________________

Warning Signs Clearly Visible from all Avenues of Approach to the Site:
Yes √ No

If No, Explain ____________________________________________________________

__________________________________________________________
All Signs are intact and information is legible:
Yes  ___  No  ___
If No, Explain ____________________________________________
_________________________________________________________

All Site Boundary Monuments are intact and information is legible:
Yes  ___  No  ___
If No, Explain ____________________________________________
_________________________________________________________

Required Stakeholder Notices distributed:
Yes  ___  No  ___  N/A  ___
DOE-ID Directives and Procedures which implement Institutional Controls are in place:
Yes  ___  No  ___  N/A  ___

RADIOLOGICAL CONTAMINATED SITES ONLY
Are workers operating under an approved Radiological Work Permit:
Yes  ___  No  ___
If No, Explain ____________________________________________
_________________________________________________________

Are only DOE Radiological Worker Trained individuals operating at the site:
Yes  ___  No  ___
If No, Explain ____________________________________________
_________________________________________________________
DEFICIENCIES
(Provide a complete description of any deficiencies noted and/or observed)


RECOMMENDATIONS FOR IMPROVEMENT
(Provide any recommendations and/or suggestions for additional ICs which could be implemented at this site which would be beneficial at this site)


Page 4 of 5
CERCLA SITE INSPECTION
PHOTOGRAPH LOG

| Date of Inspection: | 6/26/02 |
| Time of Inspection: | 1532 |
| Person(s) Conducting Inspection: | John Giles, Principle Scientist, 3180 |

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Giles</td>
<td>Principle Scientist</td>
<td>3180</td>
</tr>
</tbody>
</table>

SITE INFORMATION

| CERCLA Site ID: | TKA-59 |
| Operable Unit: | 2-13 |
| Site Description: | Abandoned Buried Acid Line Con |
| | TKA-631 to TRA-171 |

<table>
<thead>
<tr>
<th>Photograph Number</th>
<th>Location and Direction</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CERCLA sign looking East, TKA-631 in background.</td>
<td></td>
</tr>
</tbody>
</table>
Site Inspection Form
CERCLA Institutional Control Sites

Date of Inspection: 6/26/02
Time of Inspection: 1521

Person(s) Conducting Inspection:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Coles</td>
<td>Principle Scientist</td>
<td>3180</td>
</tr>
</tbody>
</table>

Printed Name Title Organization

SITE INFORMATION

CERCLA Site ID: TRA-60
Operable Unit: 2-13
Site Description: Fenced Area North of TRA-608

Site Contact:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Williams</td>
<td>Project Manager</td>
<td>3180</td>
</tr>
</tbody>
</table>

Record of Decision Land Use Designation: N/A

Current Land Use: Institutional

Institutional Controls Required for Site (check all that apply):

- Access Restrictions ✓
- Warning Signs ✓
- Fencing ✓
- Control of Activities
- Inclusion in CFLUP
- Property Transfer/Lease Restrictions
- Notice to Affected Stakeholders
Institutional Controls Observed for Site (check all that apply):

- Access Restrictions
- Warning Signs
- Fencing
- Control of Activities
- Inclusion in CFLUP
- Property Transfer/Lease Restrictions
- Notice to Affected Stakeholders

Are the Institutional Controls operational and functional?
Yes ☑ No

Are Survey Maps of the site available?
Yes ☑ No

Drawing Number(s) ____________________________

Photograph Identification Number(s): See attached photo log
(Identify date, time, location and compass orientation of all photographs taken)

OBSERVATIONS

Current Operational Status of the Site: Assessment
(e.g. Assessment, Characterization, Design, Construction, O&M)

Evidence of Human Disturbance: No

Warning Signs Clearly Indicate Hazards Present at Site:
Yes ☑ No

If No, Explain ____________________________

__________________________

Warning Signs Clearly Visible from all Avenues of Approach to the Site:
Yes ☑ No

If No, Explain ____________________________

__________________________
All Signs are intact and information is legible:
Yes  [ ]  No  [ ]
If No, Explain ____________________________________________________________

All Site Boundary Monuments are intact and information is legible:
Yes  [ ]  No  [ ]
If No, Explain ____________________________________________________________

Required Stakeholder Notices distributed:
Yes  [ ]  No  [ ]  N/A  [ ]
DOE-ID Directives and Procedures which implement Institutional Controls are in place:
Yes  [ ]  No  [ ]  N/A  [ ]

RADIOLOGICAL CONTAMINATED SITES ONLY
Are workers operating under an approved Radiological Work Permit:
Yes  [ ]  No  [ ]
If No, Explain ____________________________________________________________

Are only DOE Radiological Worker Trained individuals operating at the site:
Yes  [ ]  No  [ ]
If No, Explain ____________________________________________________________
DEFICIENCIES
(Provide a complete description of any deficiencies noted and/or observed)


RECOMMENDATIONS FOR IMPROVEMENT
(Provide any recommendations and/or suggestions for additional ICs which could be implemented at this site which would be beneficial at this site)


Page 4 of 5

D-91
CERCLA SITE INSPECTION
PHOTOGRAPH LOG

Date of Inspection: 6/26/02
Time of Inspection: 1521

Person(s) Conducting Inspection:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Giles</td>
<td>Project Scientist</td>
<td>3100</td>
</tr>
</tbody>
</table>

SITE INFORMATION

CERCLA Site ID: TRA-60
Operable Unit: Z-13
Site Description: Fenced Area North of TRA-608

<table>
<thead>
<tr>
<th>Photograph Number</th>
<th>Location and Direction</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CERCLA sign looking south</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>TRA-60 looking south at TRA-608</td>
<td></td>
</tr>
</tbody>
</table>
Appendix E

Inspection Report Forms for Remediated OU 2-13 Waste Sites
# INSPECTION REPORT FORM FOR REMEDIATED SITES
## TRA WARM WASTE POND, AS REQUIRED BY OU 2-13 OPERATION AND MAINTENANCE PLAN

### Annual Inspection of Warm Waste Pond

<table>
<thead>
<tr>
<th>INSPECTION ACTIVITY</th>
<th>INSPECTOR SIGNATURE</th>
<th>INSPECTION DATE</th>
<th>COMMENTS/RECOMMENDED REPAIR</th>
</tr>
</thead>
<tbody>
<tr>
<td>REVEGETATED AREAS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Inspect for sparse growth areas.</td>
<td>John L. Duke</td>
<td>6/26/02</td>
<td>Grasses &amp; other native plants</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>dominate the areas.</td>
</tr>
<tr>
<td>RIRRAP BARRIER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Inspect for erosion areas.</td>
<td>John L. Duke</td>
<td>6/26/02</td>
<td>No evidence of erosion or subsidence</td>
</tr>
<tr>
<td>2. Inspect for subsidence areas.</td>
<td>John L. Duke</td>
<td>6/26/02</td>
<td>No evidence of biological intrusion</td>
</tr>
<tr>
<td>3. Inspect for biological intrusion.</td>
<td>John L. Duke</td>
<td>6/26/02</td>
<td>Other than weeds &amp; grass are</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>growing on top of riprap cap on</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>the west side of the cap.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Weeds also growing in the eastern</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>portion of the riprap cap.</td>
</tr>
<tr>
<td>4. Inspect for effectiveness of surface</td>
<td>John L. Duke</td>
<td>6/26/02</td>
<td></td>
</tr>
<tr>
<td>water runoff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PERIMETER OF RIRRAP BARRIER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Perform perimeter surface radiological</td>
<td></td>
<td>5/13/02</td>
<td>Initial survey performed with ERI</td>
</tr>
<tr>
<td>survey.</td>
<td></td>
<td></td>
<td>5/13/02. Other measurements made</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>on 5/14/02.</td>
</tr>
</tbody>
</table>

Printed Name of Inspector: **John L. Duke**

Qualification/Title: **Principal Scientist**

Photographs Taken: **X**

Yes [ ] No [ ]
## INSPECTION REPORT FORM

**TRA CHEMICAL WASTE POND, AS REQUIRED BY OU 2-13 OPERATION AND MAINTENANCE PLAN**

### Annual Inspection of Chemical Waste Pond Cover

<table>
<thead>
<tr>
<th>INSPECTION ACTIVITY</th>
<th>INSPECTOR’S SIGNATURE</th>
<th>INSPECTION DATE</th>
<th>COMMENTS/RECOMMENDED REPAIR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVEGETATED AREAS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Inspect for sparse growth areas.</td>
<td>John R. Giles</td>
<td>6/26/02</td>
<td></td>
</tr>
<tr>
<td>3. Inspect for weed encroachment.</td>
<td>John R. Giles</td>
<td>6/26/02</td>
<td></td>
</tr>
<tr>
<td><strong>NATIVE SOIL COVER</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Inspect for erosion areas.</td>
<td>John R. Giles</td>
<td>6/26/02</td>
<td>No evidence of erosion, subsidence or animal intrusion</td>
</tr>
<tr>
<td>2. Inspect for animal intrusion.</td>
<td>John R. Giles</td>
<td>6/26/02</td>
<td></td>
</tr>
<tr>
<td>3. Inspect for subsidence areas.</td>
<td>John R. Giles</td>
<td>6/26/02</td>
<td></td>
</tr>
<tr>
<td>4. Inspect for effectiveness of surface water runoff.</td>
<td>John R. Giles</td>
<td>6/26/02</td>
<td></td>
</tr>
</tbody>
</table>

Printed Name of Inspector: John R. Giles

Qualification/Title: Biological Scientist

Photographs Taken: Yes

Yes or No: Yes
# INSPECTION REPORT FORM

**TRA SEWAGE LEACH POND, AS REQUIRED BY OU 2-13 OPERATION AND MAINTENANCE PLAN**

Annual Inspection of Sewage Leach Pond Cover

<table>
<thead>
<tr>
<th>INSPECTION ACTIVITY</th>
<th>INSPECTOR'S SIGNATURE</th>
<th>INSPECTION DATE</th>
<th>COMMENTS/RECOMMENDED REPAIR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Inspect for nongrowth areas.</td>
<td>John R. Giles</td>
<td>6/26/02</td>
<td>Very sparse grass. Vegetation is predominantly weeds.</td>
</tr>
<tr>
<td>2. Inspect for sparse growth areas.</td>
<td>John R. Giles</td>
<td>6/26/02</td>
<td></td>
</tr>
<tr>
<td>3. Inspect for weed encroachment.</td>
<td>John R. Giles</td>
<td>6/26/02</td>
<td></td>
</tr>
</tbody>
</table>

**NATIVE SOIL COVER**

| 1. Inspect for erosion areas.              | John R. Giles         | 6/26/02         | No hill noted in northern portion. |
| 2. Inspect for animal intrusion.           | John R. Giles         | 6/26/02         | No evidence of subsidence or erosion. |
| 3. Inspect for subsidence areas.          | John R. Giles         | 6/26/02         |                             |
| 4. Inspect for effectiveness of surface water runoff. | John R. Giles         | 6/26/02         |                             |

**PERIMETER OF SOIL COVER**


Printed Name of inspector: **John R. Giles**

Qualification/Title: **Principal Scientist**

Photographs Taken: **Yes**
## INSPECTION REPORT FORM

**TRA SEWAGE LEACH POND AND SOIL CONTAMINATION AREA, AS REQUIRED**

**BY OU 2-13 OPERATION AND MAINTENANCE PLAN**

### Annual Inspection of Soil Contamination Area

<table>
<thead>
<tr>
<th>INSPECTION ACTIVITY</th>
<th>INSPECTOR'S SIGNATURE</th>
<th>INSPECTION DATE</th>
<th>COMMENTS/RECOMMENDED REPAIR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Perform surface radiation surveys.</td>
<td>J. R. Giles</td>
<td>5/14/02</td>
<td>Initial radiological survey performed with geiger counter. Identified anomaly in northern portion. Recommended survey with ultra violet spectroradiometer.</td>
</tr>
</tbody>
</table>

**Printed Name of Inspector:** J. R. Giles  
**Qualification/Title:** Biologist

**Photos. Taken:** Yes ☑ No ☐
Appendix F

Large Scale Plots of Engineering Figures
Appendix F

Large Scale Plots of Engineering Figures