

## **Appendix D**

### **WAG 2 OU 2-13 Inspection Forms for Institutional Controls at Waste Sites**





7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

- a. Visible Access Restrictions: \_\_\_\_\_
- b. Warning Signs  \_\_\_\_\_
- c. Fencing Main Gate Security
- d. Control of Activities \_\_\_\_\_
- e. Comprehensive Land Use Plan \_\_\_\_\_
- f. Property lease or transfer restrictions \_\_\_\_\_
- g. Notice to affected stakeholders (if applicable) N/A

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?  
YES  NO \_\_\_\_\_

9. ARE SURVEYED MAPS OF THE SITE AVAILABE? YES  NO \_\_\_\_\_  
Provide Map Number(s) \_\_\_\_\_

10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

COMMENTS:

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): Engineered Cover

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? NO  
EXPLAIN \_\_\_\_\_

13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
EXPLAIN yes RAD signs + Granite Markers

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? yes EXPLAIN  
\_\_\_\_\_

15. ARE REQUIRED SIGNS INTACT AND READABLE? yes EXPLAIN  
\_\_\_\_\_

- 16. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? yes EXPLAIN \_\_\_\_\_
- 17. ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT? N/A
- 18. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? N/A
- 19. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N/A
- 20. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? \_\_\_\_\_ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE

**DEFICIENCIES:**

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

\_\_\_\_\_ *None* \_\_\_\_\_

**IMPROVEMENTS:**

DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

\_\_\_\_\_  
\_\_\_\_\_

I certify that the above inspection report is true and accurate to the best of my ability.

*Val Sealey* \_\_\_\_\_ *7/18/01*  
Inspector signature Date

*William Alan Propp* \_\_\_\_\_ *7/11/01*  
Inspector signature Date

**SITE INSPECTION PHOTO NUMBER LOG**

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION

**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

INSPECTION ACTIVITY	INSPECTOR SIGNATURE	INSPECTION DATE	COMMENTS/RECOMMENDED REPAIR
<b>REVEGETATED AREAS</b>			
1. Inspect for nongrowth areas.	NA		
2. Inspect for sparse growth areas.	NA		
3. Inspect for weed encroachment.	NA		
<b>RIPRAP BARRIER</b>			
1. Inspect for erosion areas.			Note: Weeds growing up through riprap.
2. Inspect for subsidence areas.			
3. Inspect for biological intrusion.			
4. Inspect for effectiveness of surface water runoff.			
<b>PERIMETER OF RIPRAP BARRIER</b>			
1. Perform perimeter surface radiological survey.	John D. Dicks	4/17/01	

Printed Name of Inspector John Seeley

Qualification/Title \_\_\_\_\_

Photographs Taken  Yes  No

# WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site

DATE/TIME: 7/17/01; 1:12 pm

INSPECTOR:

Val Seeley      Task Lead      WAG 2  
Printed Name                      Title                      Organization

INSPECTOR:

W. Alan Propp                      WAG 2  
Printed Name                      Title                      Organization

1. WASTE SITE ID: TKA-04 (Retention Basin)
2. GROUP NUMBER (if applicable): \_\_\_\_\_
3. SITE DESCRIPTION:  
Warm Waste Retention Basin

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4. ROD LAND USE: Industrial
5. CURRENT LAND USE: Industrial
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:
  - a. Visible Access Restrictions: \_\_\_\_\_
  - b. Warning Signs      ✓ correct WCC phone number
  - c. Fencing                      \_\_\_\_\_
  - d. Control of Activities      \_\_\_\_\_
  - e. Comprehensive Land Use Plan      \_\_\_\_\_
  - f. Property lease or transfer restrictions      \_\_\_\_\_
  - g. Notice to affected stakeholders      \_\_\_\_\_

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

- a. Visible Access Restrictions: \_\_\_\_\_
- b. Warning Signs  \_\_\_\_\_
- c. Fencing \_\_\_\_\_
- d. Control of Activities \_\_\_\_\_
- e. Comprehensive Land Use Plan \_\_\_\_\_
- f. Property lease or transfer restrictions \_\_\_\_\_
- g. Notice to affected stakeholders (if applicable) \_\_\_\_\_

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?  
YES  NO \_\_\_\_\_

9. ARE SURVEYED MAPS OF THE SITE AVAILABE? YES  NO \_\_\_\_\_

Provide Map Number(s) \_\_\_\_\_

10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

**COMMENTS:**

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): NO Action Restrict land use

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? N/A  
EXPLAIN \_\_\_\_\_

13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
EXPLAIN yes \_\_\_\_\_

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? yes EXPLAIN  
\_\_\_\_\_

15. ARE REQUIRED SIGNS INTACT AND READABLE? yes EXPLAIN  
\_\_\_\_\_

16. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? \_\_\_\_\_ EXPLAIN \_\_\_\_\_
17. ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT? \_\_\_\_\_
18. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? \_\_\_\_\_
19. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N/A
20. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? N/A LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE

**DEFICIENCIES:**

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

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**IMPROVEMENTS:**

DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

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I certify that the above inspection report is true and accurate to the best of my ability.

Val Seely 2/18/01  
Inspector signature Date

William W. Gross 2/1/01  
Inspector signature Date

**SITE INSPECTION PHOTO NUMBER LOG**

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION

# WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site

DATE/TIME: 7/18/01; 9:59 am

INSPECTOR:

Val Seeley      Task Lead      WAGZ  
Printed Name                      Title                      Organization

INSPECTOR:

W. Alvin Propp                                      WAGZ  
Printed Name                      Title                      Organization

1. WASTE SITE ID: TRA-06 (Chemical Waste Pond)

2. GROUP NUMBER, (if applicable): WAGZ

3. SITE DESCRIPTION:

Chemical Waste Pond (TRA-701)

4. ROD LAND USE: Industrial

5. CURRENT LAND USE: Industrial

6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

a. Visible Access Restrictions:

(8 signs)

b. Warning Signs  correct WCC phone number

c. Fencing

d. Control of Activities

e. Comprehensive Land Use Plan

f. Property lease or transfer restrictions

g. Notice to affected stakeholders

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:
- a. Visible Access Restrictions: \_\_\_\_\_
  - b. Warning Signs       ✓
  - c. Fencing \_\_\_\_\_
  - d. Control of Activities       ✓
  - e. Comprehensive Land Use Plan \_\_\_\_\_
  - f. Property lease or transfer restrictions \_\_\_\_\_
  - g. Notice to affected stakeholders (if applicable) \_\_\_\_\_
8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?  
YES       ✓       NO \_\_\_\_\_
9. ARE SURVEYED MAPS OF THE SITE AVAILABE? YES       ✓       NO \_\_\_\_\_  
Provide Map Number(s) \_\_\_\_\_
10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

**COMMENTS:**

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): Native Cover
12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? N/A  
EXPLAIN \_\_\_\_\_
13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
EXPLAIN yes
14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? yes EXPLAIN  
\_\_\_\_\_
15. ARE REQUIRED SIGNS INTACT AND READABLE? yes EXPLAIN  
\_\_\_\_\_

16. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? yes EXPLAIN Brass Corner Markers
17. ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT? N/A
18. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? N/A
19. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N/A
20. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? N/A LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE

**DEFICIENCIES:**

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

Weed Growth - No much grass growth

**IMPROVEMENTS:**

DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

Needs Re-Seedbed

I certify that the above inspection report is true and accurate to the best of my ability.

Val Seely  
Inspector signature

7/18/01  
Date

William Was Gopp  
Inspector signature

8/1/01  
Date

**SITE INSPECTION PHOTO NUMBER LOG**

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION

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

Annual Inspection of Chemical Waste Pond Cover

INSPECTION ACTIVITY	INSPECTOR'S SIGNATURE	INSPECTION DATE	COMMENTS/RECOMMENDED REPAIR
<b>REVEGETATED AREAS</b>			
1. Inspect for nongrowth areas.	<i>VS</i>	<i>7/18/01</i>	<i>Need to seed</i>
2. Inspect for sparse growth areas.			
3. Inspect for weed encroachment.			
<b>NATIVE SOIL COVER</b>			
1. Inspect for erosion areas.	<i>VS</i>		
2. Inspect for animal intrusion.			
3. Inspect for subsidence areas.			
4. Inspect for effectiveness of surface water runoff.			

Printed Name of Inspector Val Seeley Photographs Taken  Yes  No

Qualification/Title \_\_\_\_\_

**WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site**

DATE/TIME: 2/18/21; 8:37am

*Note: Repair corner posts at NE corner; fire damage. Same at SE corner.*

INSPECTOR:

Val Seeley      Task Lead      WAG 2  
 Printed Name                      Title                      Organization

INSPECTOR:

W. Alan Propp                      WAG 2  
 Printed Name                      Title                      Organization

1. WASTE SITE ID: TRA-08 (Cold Waste Disposal Pond)
2. GROUP NUMBER, (if applicable): WAG 2
3. SITE DESCRIPTION:

Cold Waste Disposal Pond

4. ROD LAND USE: Industrial
5. CURRENT LAND USE: Industrial

6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

- a. Visible Access Restrictions: \_\_\_\_\_
- b. Warning Signs      ✓      correct WCC phone number
- c. Fencing              ✓      \_\_\_\_\_
- d. Control of Activities \_\_\_\_\_
- e. Comprehensive Land Use Plan ✓ \_\_\_\_\_
- f. Property lease or transfer restrictions \_\_\_\_\_
- g. Notice to affected stakeholders \_\_\_\_\_

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

- a. Visible Access Restrictions: \_\_\_\_\_
- b. Warning Signs ✓ \_\_\_\_\_
- c. Fencing ✓ \_\_\_\_\_
- d. Control of Activities \_\_\_\_\_
- e. Comprehensive Land Use Plan \_\_\_\_\_
- f. Property lease or transfer restrictions \_\_\_\_\_
- g. Notice to affected stakeholders (if applicable) \_\_\_\_\_

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?  
YES ✓ NO \_\_\_\_\_

9. ARE SURVEYED MAPS OF THE SITE AVAILABE? YES ✓ NO \_\_\_\_\_

Provide Map Number(s) \_\_\_\_\_

10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

COMMENTS:

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): Excavation & Deposal Restrict Land Use

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? NO  
EXPLAIN \_\_\_\_\_

13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
EXPLAIN yes \_\_\_\_\_

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? NO EXPLAIN  
Area is completely fenced w/ sign @ the gate

15. ARE REQUIRED SIGNS INTACT AND READABLE? yes EXPLAIN  
\_\_\_\_\_

16. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? N/A EXPLAIN \_\_\_\_\_
17. ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT? N/A
18. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? N/A
19. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N/A
20. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? N/A LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE

**DEFICIENCIES:**

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

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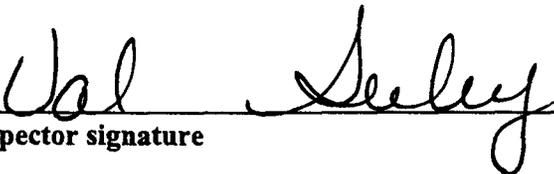
**IMPROVEMENTS:**

DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

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I certify that the above inspection report is true and accurate to the best of my ability.

  
Inspector signature 7/18/01  
Date

  
Inspector signature 8/1/01  
Date

**SITE INSPECTION PHOTO NUMBER LOG**

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION

# WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site

DATE/TIME: 7/18/01 ; 9:35 am

INSPECTOR:

Val Seeley      Task Lead      WAG 2

Printed Name

Title

Organization

INSPECTOR:

W. Alan Propp      \_\_\_\_\_      WAG 2

Printed Name

Title

Organization

1. WASTE SITE ID: TRA-13 (Sewage Leach Ponds)

2. GROUP NUMBER, (if applicable): WAG 2

3. SITE DESCRIPTION:

TRA Sewage Leach Ponds &  
Soil Contamination Area

4. ROD LAND USE: Industrial

5. CURRENT LAND USE: Industrial

6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

a. Visible Access Restrictions:

(12 signs)

b. Warning Signs

c. Fencing \_\_\_\_\_

d. Control of Activities \_\_\_\_\_

e. Comprehensive Land Use Plan \_\_\_\_\_

f. Property lease or transfer restrictions \_\_\_\_\_

g. Notice to affected stakeholders \_\_\_\_\_

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:
- a. Visible Access Restrictions: \_\_\_\_\_
  - b. Warning Signs  \_\_\_\_\_
  - c. Fencing \_\_\_\_\_
  - d. Control of Activities \_\_\_\_\_
  - e. Comprehensive Land Use Plan \_\_\_\_\_
  - f. Property lease or transfer restrictions \_\_\_\_\_
  - g. Notice to affected stakeholders (if applicable) \_\_\_\_\_
8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?  
YES  NO \_\_\_\_\_
9. ARE SURVEYED MAPS OF THE SITE AVAILABE? YES  NO \_\_\_\_\_  
Provide Map Number(s) \_\_\_\_\_
10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

**COMMENTS:**

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): Native Cover
12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? NO  
EXPLAIN \_\_\_\_\_
13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
EXPLAIN yes \_\_\_\_\_
14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? yes EXPLAIN  
\_\_\_\_\_
15. ARE REQUIRED SIGNS INTACT AND READABLE? yes EXPLAIN  
\_\_\_\_\_





**DEFICIENCIES:**

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

\_\_\_\_\_ *None* \_\_\_\_\_  
\_\_\_\_\_

**IMPROVEMENTS:**

DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

\_\_\_\_\_ *Needs to be reseeded* \_\_\_\_\_  
\_\_\_\_\_

I certify that the above inspection report is true and accurate to the best of my ability.

\_\_\_\_\_ *Val Seely* \_\_\_\_\_ *7/18/01* \_\_\_\_\_  
Inspector signature Date

\_\_\_\_\_ *William Alan Propp* \_\_\_\_\_ *8/1/01* \_\_\_\_\_  
Inspector signature Date

**SITE INSPECTION PHOTO NUMBER LOG**

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION

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

Annual Inspection of Sewage Leach Pond Cover

INSPECTION ACTIVITY	INSPECTOR'S SIGNATURE	INSPECTION DATE	COMMENTS/RECOMMENDED REPAIR
<b>REVEGETATED AREAS</b>			
1. Inspect for nongrowth areas.	VS	7/18/01	Needs Reseeded
2. Inspect for sparse growth areas.			
3. Inspect for weed encroachment.			
<b>NATIVE SOIL COVER</b>			
1. Inspect for erosion areas.			
2. Inspect for animal intrusion.			
3. Inspect for subsidence areas.			
4. Inspect for effectiveness of surface water runoff.			
<b>PERIMETER OF SOIL COVER</b>			
1. Perform surface radiological survey.	John R. Dicks	4/17/01	

Printed Name of Inspector Val Seeley      Photographs Taken  Yes  No

Qualification/Title \_\_\_\_\_

**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

INSPECTION ACTIVITY	INSPECTOR'S SIGNATURE	INSPECTION DATE	COMMENTS/RECOMMENDED REPAIR
<b>INSTITUTIONAL CONTROLS</b> 1. Perform surface radiation surveys.		4/17/04	

Printed Name of Inspector Val Seeley      Photographs Taken       Yes  No

Qualification/Title Task lead

# WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site

DATE/TIME: 7/17/01, 1:09 pm

INSPECTOR:

Val Seeley      Task Lead      WAG 2  
Printed Name                      Title                      Organization

INSPECTOR:

W. Allyn Propp                                      WAG 2  
Printed Name                      Title                      Organization

1. WASTE SITE ID: TRA-15 (Hot Waste Tanks)

2. GROUP NUMBER (if applicable): WAG 2

3. SITE DESCRIPTION:  
Hot Waste Tanks 2, 3, 4 @ TRA 613  
[TRA-713B, 713C + 713D]

4. ROD LAND USE: Restrict Occupational Access

5. CURRENT LAND USE: Restricted

6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

a. Visible Access Restrictions:

b. Warning Signs ✓ correct WCC phone number

c. Fencing ✓

d. Control of Activities ✓

e. Comprehensive Land Use Plan \_\_\_\_\_

f. Property lease or transfer restrictions \_\_\_\_\_

g. Notice to affected stakeholders \_\_\_\_\_

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

- a. Visible Access Restrictions: \_\_\_\_\_
- b. Warning Signs ✓ \_\_\_\_\_
- c. Fencing ✓ \_\_\_\_\_
- d. Control of Activities ✓ \_\_\_\_\_
- e. Comprehensive Land Use Plan \_\_\_\_\_
- f. Property lease or transfer restrictions \_\_\_\_\_
- g. Notice to affected stakeholders (if applicable) \_\_\_\_\_

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

YES ✓ NO \_\_\_\_\_

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ✓ NO \_\_\_\_\_

Provide Map Number(s) \_\_\_\_\_

10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

**COMMENTS:**

- 11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): Limited Action  
Restrict Occupational Access
- 12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? NO  
EXPLAIN \_\_\_\_\_
- 13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
EXPLAIN yes \_\_\_\_\_
- 14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? yes EXPLAIN  
\_\_\_\_\_
- 15. ARE REQUIRED SIGNS INTACT AND READABLE? yes EXPLAIN  
\_\_\_\_\_

16. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? N/A EXPLAIN \_\_\_\_\_
17. ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT? N/A
18. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? N/A
19. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N/A
20. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? \_\_\_\_\_ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE

**DEFICIENCIES:**

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

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**IMPROVEMENTS:**

DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

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I certify that the above inspection report is true and accurate to the best of my ability.

*Val Sealey* \_\_\_\_\_ *2/18/01*  
Inspector signature Date

*William Alan Propp* \_\_\_\_\_ *8/11/01*  
Inspector signature Date

**SITE INSPECTION PHOTO NUMBER LOG**

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION

## WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site

**DATE/TIME:** 2/17/01 1:37 pm      *Note: Must sign and review site description, review sign correctness.*  
**INSPECTOR:** Val Seeley      Task Lead      WAG 2  
Printed Name      Title      Organization

**INSPECTOR:**  
W. Alan Propp      WAG 2  
Printed Name      Title      Organization

1. WASTE SITE ID: TRA-19 (RAD Tanks)
2. GROUP NUMBER (if applicable): WAG 2
3. SITE DESCRIPTION: RAD Tanks 14 @ TRA 630,

4. ROD LAND USE: Restrict Occupational Access
5. CURRENT LAND USE: Restricted

6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:
- a. Visible Access Restrictions: \_\_\_\_\_
  - b. Warning Signs      ✓ correct wcc phone number
  - c. Fencing      \_\_\_\_\_
  - d. Control of Activities      \_\_\_\_\_
  - e. Comprehensive Land Use Plan      \_\_\_\_\_
  - f. Property lease or transfer restrictions      \_\_\_\_\_
  - g. Notice to affected stakeholders      \_\_\_\_\_

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:
- a. Visible Access Restrictions: \_\_\_\_\_
  - b. Warning Signs ✓ EAC *sign is located inside locked Building*
  - c. Fencing \_\_\_\_\_
  - d. Control of Activities \_\_\_\_\_
  - e. Comprehensive Land Use Plan \_\_\_\_\_
  - f. Property lease or transfer restrictions \_\_\_\_\_
  - g. Notice to affected stakeholders (if applicable) \_\_\_\_\_
8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?  
YES ✓ NO \_\_\_\_\_
9. ARE SURVEYED MAPS OF THE SITE AVAILABE? YES ✓ NO \_\_\_\_\_
- Provide Map Number(s) \_\_\_\_\_
10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

**COMMENTS:**

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): Limited Action  
Restrict Occupational Access
12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? N/A  
EXPLAIN \_\_\_\_\_
13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
EXPLAIN yes \_\_\_\_\_
14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? yes EXPLAIN  
\_\_\_\_\_
15. ARE REQUIRED SIGNS INTACT AND READABLE? yes EXPLAIN  
\_\_\_\_\_

16. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? N/A EXPLAIN \_\_\_\_\_
17. ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT? \_\_\_\_\_
18. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? \_\_\_\_\_
19. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? \_\_\_\_\_
20. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? \_\_\_\_\_ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE

**DEFICIENCIES:**

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

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**IMPROVEMENTS:**

DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

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I certify that the above inspection report is true and accurate to the best of my ability.

Val Seley 7/18/01  
Inspector signature Date

William Alan Bopp 8/1/01  
Inspector signature Date

**SITE INSPECTION PHOTO NUMBER LOG**

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION

# WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site

DATE/TIME: 7/18/01; 10:14 am

INSPECTOR:

Val Seeley      Task Lead      WAG 2  
Printed Name                      Title                      Organization

INSPECTOR:

W. Allen Propp                      WAG 2  
Printed Name                      Title                      Organization

1. WASTE SITE ID: TRA-34 (North Storage Area)
2. GROUP NUMBER, (if applicable): OU 2-13 - WAG 2
3. SITE DESCRIPTION:  
TRA North Storage Area

4. ROD LAND USE: Industrial

5. CURRENT LAND USE: Industrial

6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

- a. Visible Access Restrictions: \_\_\_\_\_
- b. Warning Signs      ✓ correct WCC phone number
- c. Fencing              ✓ rope with red caution
- d. Control of Activities \_\_\_\_\_
- e. Comprehensive Land Use Plan ✓
- f. Property lease or transfer restrictions \_\_\_\_\_
- g. Notice to affected stakeholders \_\_\_\_\_

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

- a. Visible Access Restrictions: \_\_\_\_\_
- b. Warning Signs ✓ \_\_\_\_\_
- c. Fencing ✓ \_\_\_\_\_
- d. Control of Activities \_\_\_\_\_
- e. Comprehensive Land Use Plan \_\_\_\_\_
- f. Property lease or transfer restrictions \_\_\_\_\_
- g. Notice to affected stakeholders (if applicable) \_\_\_\_\_

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?  
YES ✓ NO \_\_\_\_\_

9. ARE SURVEYED MAPS OF THE SITE AVAILABE? YES ✓ NO \_\_\_\_\_  
Provide Map Number(s) \_\_\_\_\_

10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

COMMENTS:

- 11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): No Action Restricted land use
- 12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? No  
EXPLAIN \_\_\_\_\_
- 13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
EXPLAIN yes \_\_\_\_\_
- 14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? yes EXPLAIN  
\_\_\_\_\_
- 15. ARE REQUIRED SIGNS INTACT AND READABLE? yes EXPLAIN  
\_\_\_\_\_

16. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? N/A EXPLAIN \_\_\_\_\_
17. ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT? N/A
18. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? N/A
19. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N/A
20. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? \_\_\_\_\_ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES: O&H Plan

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE

**DEFICIENCIES:**

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

\_\_\_\_\_  
*None*  
\_\_\_\_\_

**IMPROVEMENTS:**

DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

\_\_\_\_\_  
\_\_\_\_\_

I certify that the above inspection report is true and accurate to the best of my ability.

*Val Seely*  
\_\_\_\_\_  
Inspector signature *7/18/01*  
\_\_\_\_\_  
Date

*William Alan Propp*  
\_\_\_\_\_  
Inspector signature *8/1/01*  
\_\_\_\_\_  
Date

**SITE INSPECTION PHOTO NUMBER LOG**

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION

**WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site**

DATE/TIME: 2/17/01; 1:30 pm

INSPECTOR:

Val Seeley      Task Lead      WAG 2  
Printed Name                      Title                      Organization

INSPECTOR:

W. Alan Propp                                      WAG 2  
Printed Name                      Title                      Organization

- 1. WASTE SITE ID: PCB Spill at TRA-619
- 2. GROUP NUMBER (if applicable): WAG 2
- 3. SITE DESCRIPTION:  
PCB Spill                      TRA-619

4. ROD LAND USE: Industrial

5. CURRENT LAND USE: \_\_\_\_\_

6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

- a. Visible Access Restrictions: \_\_\_\_\_
- b. Warning Signs      ✓ correct WCS phone number
- c. Fencing                      \_\_\_\_\_
- d. Control of Activities      \_\_\_\_\_
- e. Comprehensive Land Use Plan      \_\_\_\_\_
- f. Property lease or transfer restrictions      \_\_\_\_\_
- g. Notice to affected stakeholders      \_\_\_\_\_

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

- a. Visible Access Restrictions: \_\_\_\_\_
- b. Warning Signs       ✓
- c. Fencing \_\_\_\_\_
- d. Control of Activities \_\_\_\_\_
- e. Comprehensive Land Use Plan \_\_\_\_\_
- f. Property lease or transfer restrictions \_\_\_\_\_
- g. Notice to affected stakeholders (if applicable) \_\_\_\_\_

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?  
YES       ✓       NO \_\_\_\_\_

9. ARE SURVEYED MAPS OF THE SITE AVAILABE? YES \_\_\_\_\_ NO \_\_\_\_\_

Provide Map Number(s) \_\_\_\_\_

10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

**COMMENTS:**

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M):       No Action Restrict Land use      

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)?       NO        
EXPLAIN \_\_\_\_\_

13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
EXPLAIN \_\_\_\_\_

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? \_\_\_\_\_ EXPLAIN  
\_\_\_\_\_

15. ARE REQUIRED SIGNS INTACT AND READABLE? \_\_\_\_\_ EXPLAIN  
\_\_\_\_\_

- 16. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? \_\_\_\_\_ EXPLAIN \_\_\_\_\_
- 17. ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT? \_\_\_\_\_
- 18. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? \_\_\_\_\_
- 19. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? \_\_\_\_\_
- 20. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? \_\_\_\_\_ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE



**SITE INSPECTION PHOTO NUMBER LOG**

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION

**WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site**

DATE/TIME: 7/17/01; 1:18 pm

INSPECTOR:

Val Seeley      Task Lead      WAG 2  
Printed Name                      Title                      Organization

INSPECTOR:

W. Alan Propp    WAG 2  
Printed Name                      Title                      Organization

- 1. WASTE SITE ID: PCB Spill at TRA-626
- 2. GROUP NUMBER (if applicable): WAG 2
- 3. SITE DESCRIPTION: PCB Spill @ TRA-626

4. ROD LAND USE: Industrial

5. CURRENT LAND USE: Industrial

6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

- a. Visible Access Restrictions: \_\_\_\_\_
- b. Warning Signs       correct WCC phone number
- c. Fencing      \_\_\_\_\_
- d. Control of Activities      \_\_\_\_\_
- e. Comprehensive Land Use Plan      \_\_\_\_\_
- f. Property lease or transfer restrictions      \_\_\_\_\_
- g. Notice to affected stakeholders      \_\_\_\_\_

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:
- a. Visible Access Restrictions: \_\_\_\_\_
  - b. Warning Signs  \_\_\_\_\_
  - c. Fencing Roped off area
  - d. Control of Activities \_\_\_\_\_
  - e. Comprehensive Land Use Plan \_\_\_\_\_
  - f. Property lease or transfer restrictions \_\_\_\_\_
  - g. Notice to affected stakeholders (if applicable) \_\_\_\_\_
8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?  
YES  NO \_\_\_\_\_
9. ARE SURVEYED MAPS OF THE SITE AVAILABE? YES \_\_\_\_\_ NO \_\_\_\_\_  
Provide Map Number(s) \_\_\_\_\_
10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

**COMMENTS:**

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): NO Action
12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? NO  
EXPLAIN \_\_\_\_\_
13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
EXPLAIN \_\_\_\_\_
14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? \_\_\_\_\_ EXPLAIN  
\_\_\_\_\_
15. ARE REQUIRED SIGNS INTACT AND READABLE? \_\_\_\_\_ EXPLAIN  
\_\_\_\_\_

16. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? \_\_\_\_\_ EXPLAIN \_\_\_\_\_
17. ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT? \_\_\_\_\_
18. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? \_\_\_\_\_
19. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? \_\_\_\_\_
20. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? \_\_\_\_\_ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE

**DEFICIENCIES:**

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

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**IMPROVEMENTS:**

DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

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I certify that the above inspection report is true and accurate to the best of my ability.

Val Seley 7/18/01  
Inspector signature Date

William Alan Propp 8/1/01  
Inspector signature Date

**SITE INSPECTION PHOTO NUMBER LOG**

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION

# WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site

DATE/TIME: 7/17/01; 12:42 pm

INSPECTOR:

Val Seeley      Task Lead      WAG 2  
Printed Name      Title      Organization

INSPECTOR:

W. Alan Propp      \_\_\_\_\_      WAG 2  
Printed Name      Title      Organization

1. WASTE SITE ID: PCB Spill at TRA - 653

2. GROUP NUMBER (if applicable): WAG 2

3. SITE DESCRIPTION: PCB Spill @ TRA - 653

4. ROD LAND USE: Industrial

5. CURRENT LAND USE: Industrial

6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

a. Visible Access Restrictions: \_\_\_\_\_

b. Warning Signs  correct WCC phone number

c. Fencing \_\_\_\_\_

d. Control of Activities \_\_\_\_\_

e. Comprehensive Land Use Plan \_\_\_\_\_

f. Property lease or transfer restrictions \_\_\_\_\_

g. Notice to affected stakeholders \_\_\_\_\_

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

- a. Visible Access Restrictions: \_\_\_\_\_
- b. Warning Signs ✓ \_\_\_\_\_
- c. Fencing \_\_\_\_\_
- d. Control of Activities \_\_\_\_\_
- e. Comprehensive Land Use Plan \_\_\_\_\_
- f. Property lease or transfer restrictions \_\_\_\_\_
- g. Notice to affected stakeholders (if applicable) \_\_\_\_\_

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?  
YES ✓ NO \_\_\_\_\_

9. ARE SURVEYED MAPS OF THE SITE AVAILABE? YES ✓ NO \_\_\_\_\_

Provide Map Number(s) \_\_\_\_\_

10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

**COMMENTS:**

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): No Action Restrict land use

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? NO  
EXPLAIN \_\_\_\_\_

13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
EXPLAIN \_\_\_\_\_

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? \_\_\_\_\_ EXPLAIN  
\_\_\_\_\_

15. ARE REQUIRED SIGNS INTACT AND READABLE? \_\_\_\_\_ EXPLAIN  
\_\_\_\_\_

- 16. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? N/A EXPLAIN \_\_\_\_\_
- 17. ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT? N/A
- 18. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? N/A
- 19. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N/A
- 20. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? \_\_\_\_\_ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE

**DEFICIENCIES:**

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

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**IMPROVEMENTS:**

DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

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I certify that the above inspection report is true and accurate to the best of my ability.

*Wal Seely* *7/18/01*  
\_\_\_\_\_  
Inspector signature Date

*William Alan Papp* *8/1/01*  
\_\_\_\_\_  
Inspector signature Date

**SITE INSPECTION PHOTO NUMBER LOG**

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

<b>PHOTO NUMBER</b>	<b>LOCATION AND DIRECTION</b>	<b>DESCRIPTION</b>



7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:
- a. Visible Access Restrictions: \_\_\_\_\_
  - b. Warning Signs  \_\_\_\_\_
  - c. Fencing \_\_\_\_\_
  - d. Control of Activities \_\_\_\_\_
  - e. Comprehensive Land Use Plan \_\_\_\_\_
  - f. Property lease or transfer restrictions \_\_\_\_\_
  - g. Notice to affected stakeholders (if applicable) \_\_\_\_\_
8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?  
YES  NO \_\_\_\_\_
9. ARE SURVEYED MAPS OF THE SITE AVAILABE? YES  NO \_\_\_\_\_  
Provide Map Number(s) \_\_\_\_\_
10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

**COMMENTS:**

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): No Action
12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? None  
EXPLAIN limited land use
13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
EXPLAIN yes
14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? yes EXPLAIN \_\_\_\_\_
15. ARE REQUIRED SIGNS INTACT AND READABLE? yes EXPLAIN \_\_\_\_\_



**DEFICIENCIES:**

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

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**IMPROVEMENTS:**

DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

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I certify that the above inspection report is true and accurate to the best of my ability.

*Val Seely*  
Inspector signature *2/18/01*  
Date

*William A. Propp*  
Inspector signature *8/1/01*  
Date

**SITE INSPECTION PHOTO NUMBER LOG**

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION

# WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site

DATE/TIME: 7/17/01; 12:47 pm

INSPECTOR:

Val Seeley      Task Lead      WAG2  
Printed Name                      Title                      Organization

INSPECTOR:

W. Alan Propp                      WAG2  
Printed Name                      Title                      Organization

1. WASTE SITE ID: TRA-Y Brass Cap Area

2. GROUP NUMBER (if applicable): WAG2

3. SITE DESCRIPTION:

Brass Cap Area

4. ROD LAND USE: Restrict Occupational Access

5. CURRENT LAND USE: Restricted

6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

a. Visible Access Restrictions:

b. Warning Signs ✓ correct WCC phone number

c. Fencing \_\_\_\_\_

d. Control of Activities \_\_\_\_\_

e. Comprehensive Land Use Plan \_\_\_\_\_

f. Property lease or transfer restrictions \_\_\_\_\_

g. Notice to affected stakeholders \_\_\_\_\_

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

- a. Visible Access Restrictions: \_\_\_\_\_
- b. Warning Signs ✓ \_\_\_\_\_
- c. Fencing Roped off
- d. Control of Activities \_\_\_\_\_
- e. Comprehensive Land Use Plan \_\_\_\_\_
- f. Property lease or transfer restrictions \_\_\_\_\_
- g. Notice to affected stakeholders (if applicable) \_\_\_\_\_

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?  
YES ✓ NO \_\_\_\_\_

9. ARE SURVEYED MAPS OF THE SITE AVAILABE? YES ✓ NO \_\_\_\_\_

Provide Map Number(s) \_\_\_\_\_

10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

COMMENTS:

- 11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): Limited Action
- 12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? None  
EXPLAIN \_\_\_\_\_
- 13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
EXPLAIN yes - RAD soil area
- 14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? yes EXPLAIN \_\_\_\_\_
- 15. ARE REQUIRED SIGNS INTACT AND READABLE? yes EXPLAIN \_\_\_\_\_

16. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? N/A EXPLAIN \_\_\_\_\_
17. ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT? \_\_\_\_\_
18. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? \_\_\_\_\_
19. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N/A
20. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? \_\_\_\_\_ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE

**DEFICIENCIES:**

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

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**IMPROVEMENTS:**

DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

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I certify that the above inspection report is true and accurate to the best of my ability.

Val Seely 7/18/01  
Inspector signature Date

William Alan Gropp 8/1/01  
Inspector signature Date

**SITE INSPECTION PHOTO NUMBER LOG**

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION

**WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site**

DATE/TIME: 7/17/01; 1:24 pm

INSPECTOR:

Val Seeley Task Lead WAG 2  
Printed Name Title Organization

INSPECTOR:

W. Alan Propp  WAG 2  
Printed Name Title Organization

- 1. WASTE SITE ID: TRA-56 TRA Acid Transfer Line from TRA-631 to TRA-645
- 2. GROUP NUMBER (if applicable): WAG 2
- 3. SITE DESCRIPTION:

New site

4. ROD LAND USE: \_\_\_\_\_

5. CURRENT LAND USE: \_\_\_\_\_

6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

- a. Visible Access Restrictions: \_\_\_\_\_
- b. Warning Signs  correct WCC phone number
- c. Fencing  \_\_\_\_\_
- d. Control of Activities \_\_\_\_\_
- e. Comprehensive Land Use Plan \_\_\_\_\_
- f. Property lease or transfer restrictions \_\_\_\_\_
- g. Notice to affected stakeholders \_\_\_\_\_

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:
- a. Visible Access Restrictions: \_\_\_\_\_
  - b. Warning Signs  \_\_\_\_\_
  - c. Fencing  \_\_\_\_\_
  - d. Control of Activities \_\_\_\_\_
  - e. Comprehensive Land Use Plan \_\_\_\_\_
  - f. Property lease or transfer restrictions \_\_\_\_\_
  - g. Notice to affected stakeholders (if applicable) \_\_\_\_\_
8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?  
YES  NO \_\_\_\_\_
9. ARE SURVEYED MAPS OF THE SITE AVAILABE? YES \_\_\_\_\_ NO \_\_\_\_\_  
Provide Map Number(s) \_\_\_\_\_
10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

**COMMENTS:**

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): \_\_\_\_\_
12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? \_\_\_\_\_  
EXPLAIN \_\_\_\_\_
13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
EXPLAIN \_\_\_\_\_
14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? \_\_\_\_\_ EXPLAIN  
\_\_\_\_\_
15. ARE REQUIRED SIGNS INTACT AND READABLE? \_\_\_\_\_ EXPLAIN  
\_\_\_\_\_

16. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? \_\_\_\_\_ EXPLAIN \_\_\_\_\_
17. ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT? \_\_\_\_\_
18. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? \_\_\_\_\_
19. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? \_\_\_\_\_
20. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? \_\_\_\_\_ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE

**DEFICIENCIES:**

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

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**IMPROVEMENTS:**

DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

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I certify that the above inspection report is true and accurate to the best of my ability.

*Val Seely*  
\_\_\_\_\_  
Inspector signature *7/18/01*  
\_\_\_\_\_  
Date

*William Alan Grupp*  
\_\_\_\_\_  
Inspector signature *8/1/01*  
\_\_\_\_\_  
Date

**SITE INSPECTION PHOTO NUMBER LOG**

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

<b>PHOTO NUMBER</b>	<b>LOCATION AND DIRECTION</b>	<b>DESCRIPTION</b>

# WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site

DATE/TIME: 7/17/01; 2:04 PM

INSPECTOR:

Val Seeley      Task Lead      WAG 2  
Printed Name                      Title                      Organization

INSPECTOR:

W. Alan Propp                      WAG 2  
Printed Name                      Title                      Organization

- 1. WASTE SITE ID: TRA-57 Abandoned Buried Diesel Fuel Oil Line
- 2. GROUP NUMBER (if applicable): \_\_\_\_\_
- 3. SITE DESCRIPTION:

\_\_\_\_\_  
New Site / TRACK 1 done

- 4. ROD LAND USE: \_\_\_\_\_
- 5. CURRENT LAND USE: \_\_\_\_\_

6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

- a. Visible Access Restrictions: \_\_\_\_\_
- b. Warning Signs      ✓      correct WCC phone number
- c. Fencing      \_\_\_\_\_
- d. Control of Activities      \_\_\_\_\_
- e. Comprehensive Land Use Plan      \_\_\_\_\_
- f. Property lease or transfer restrictions      \_\_\_\_\_
- g. Notice to affected stakeholders      \_\_\_\_\_

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:
- a. Visible Access Restrictions: \_\_\_\_\_
  - b. Warning Signs  \_\_\_\_\_
  - c. Fencing \_\_\_\_\_
  - d. Control of Activities \_\_\_\_\_
  - e. Comprehensive Land Use Plan \_\_\_\_\_
  - f. Property lease or transfer restrictions \_\_\_\_\_
  - g. Notice to affected stakeholders (if applicable) \_\_\_\_\_
8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?  
YES  NO \_\_\_\_\_
9. ARE SURVEYED MAPS OF THE SITE AVAILABE? YES \_\_\_\_\_ NO \_\_\_\_\_  
Provide Map Number(s) \_\_\_\_\_
10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

**COMMENTS:**

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): \_\_\_\_\_
12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? \_\_\_\_\_  
EXPLAIN \_\_\_\_\_
13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
EXPLAIN \_\_\_\_\_
14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? \_\_\_\_\_ EXPLAIN  
\_\_\_\_\_
15. ARE REQUIRED SIGNS INTACT AND READABLE? \_\_\_\_\_ EXPLAIN  
\_\_\_\_\_



**DEFICIENCIES:**

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

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**IMPROVEMENTS:**

DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

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I certify that the above inspection report is true and accurate to the best of my ability.

Val Sealey 7/18/01  
Inspector signature Date

William Alan Cropp 8/1/01  
Inspector signature Date

**SITE INSPECTION PHOTO NUMBER LOG**

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION

# WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site

DATE/TIME: 7/17/01; 2:06 pm

INSPECTOR:

Val Seeley      Task Lead      WAG-2  
Printed Name                      Title                      Organization

INSPECTOR:

W. Alan Propp                                      WAG-2  
Printed Name                      Title                      Organization

1. WASTE SITE ID: TRA-58 Abandoned Buried Fuel Oil Lines
2. GROUP NUMBER (if applicable): \_\_\_\_\_
3. SITE DESCRIPTION:  
\_\_\_\_\_  
New site
4. ROD LAND USE: \_\_\_\_\_
5. CURRENT LAND USE: \_\_\_\_\_
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:
  - a. Visible Access Restrictions: \_\_\_\_\_
  - b. Warning Signs ✓ correct WCC phone number
  - c. Fencing \_\_\_\_\_
  - d. Control of Activities \_\_\_\_\_
  - e. Comprehensive Land Use Plan \_\_\_\_\_
  - f. Property lease or transfer restrictions \_\_\_\_\_
  - g. Notice to affected stakeholders \_\_\_\_\_

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:
- a. Visible Access Restrictions: \_\_\_\_\_
  - b. Warning Signs  \_\_\_\_\_
  - c. Fencing \_\_\_\_\_
  - d. Control of Activities \_\_\_\_\_
  - e. Comprehensive Land Use Plan \_\_\_\_\_
  - f. Property lease or transfer restrictions \_\_\_\_\_
  - g. Notice to affected stakeholders (if applicable) \_\_\_\_\_
8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?  
YES  NO \_\_\_\_\_
9. ARE SURVEYED MAPS OF THE SITE AVAILABE? YES \_\_\_\_\_ NO \_\_\_\_\_
- Provide Map Number(s) \_\_\_\_\_
10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

**COMMENTS:**

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): \_\_\_\_\_
12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? \_\_\_\_\_  
EXPLAIN \_\_\_\_\_
13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
EXPLAIN \_\_\_\_\_
14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? \_\_\_\_\_ EXPLAIN  
\_\_\_\_\_
15. ARE REQUIRED SIGNS INTACT AND READABLE? \_\_\_\_\_ EXPLAIN  
\_\_\_\_\_



**DEFICIENCIES:**

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

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**IMPROVEMENTS:**

DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

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I certify that the above inspection report is true and accurate to the best of my ability.

*Val Seely* \_\_\_\_\_ *7/18/01*  
Inspector signature Date

*William Alan Papp* \_\_\_\_\_ *8/1/01*  
Inspector signature Date

**SITE INSPECTION PHOTO NUMBER LOG**

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION

# WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site

DATE/TIME: 7/17/01; 1:22 pm

INSPECTOR:

Val Seeley      Task Lead      WAGZ  
Printed Name                      Title                      Organization

INSPECTOR:

W. Alan Propp                      WAGZ  
Printed Name                      Title                      Organization

1. WASTE SITE ID: TRA-59 Abandoned Buried Acid Line from TRA-631 to TRA-671
2. GROUP NUMBER (if applicable): \_\_\_\_\_
3. SITE DESCRIPTION:

\_\_\_\_\_  
New Site

4. ROD LAND USE: \_\_\_\_\_

5. CURRENT LAND USE: \_\_\_\_\_

6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

a. Visible Access Restrictions:

b. Warning Signs      ✓ correct W&S phone number

c. Fencing      ✓

d. Control of Activities \_\_\_\_\_

e. Comprehensive Land Use Plan \_\_\_\_\_

f. Property lease or transfer restrictions \_\_\_\_\_

g. Notice to affected stakeholders \_\_\_\_\_

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:
- a. Visible Access Restrictions: \_\_\_\_\_
  - b. Warning Signs  \_\_\_\_\_
  - c. Fencing  \_\_\_\_\_
  - d. Control of Activities \_\_\_\_\_
  - e. Comprehensive Land Use Plan \_\_\_\_\_
  - f. Property lease or transfer restrictions \_\_\_\_\_
  - g. Notice to affected stakeholders (if applicable) \_\_\_\_\_
8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?  
 YES  NO \_\_\_\_\_
9. ARE SURVEYED MAPS OF THE SITE AVAILABE? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Provide Map Number(s) \_\_\_\_\_
10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

**COMMENTS:**

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): \_\_\_\_\_
12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? \_\_\_\_\_  
 EXPLAIN \_\_\_\_\_
13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
 EXPLAIN \_\_\_\_\_
14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? \_\_\_\_\_ EXPLAIN  
 \_\_\_\_\_
15. ARE REQUIRED SIGNS INTACT AND READABLE? \_\_\_\_\_ EXPLAIN  
 \_\_\_\_\_

16. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? \_\_\_\_\_ EXPLAIN \_\_\_\_\_
17. ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT? \_\_\_\_\_
18. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? \_\_\_\_\_
19. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? \_\_\_\_\_
20. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? \_\_\_\_\_ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE

**DEFICIENCIES:**

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

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**IMPROVEMENTS:**

DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

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I certify that the above inspection report is true and accurate to the best of my ability.

Val Seely 7/18/01  
Inspector signature Date

William Alan Gross 8/1/01  
Inspector signature Date

**SITE INSPECTION PHOTO NUMBER LOG**

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION

# WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site

DATE/TIME: 7/17/01; 1:27 pm

INSPECTOR:

Val Seeley      Task Lead      WAG 2  
Printed Name                      Title                      Organization

INSPECTOR:

W. Alan Propp                                      WAG 2  
Printed Name                      Title                      Organization

1. WASTE SITE ID: TRA-60 (Fenced Area North of TRA-608)

2. GROUP NUMBER (if applicable): \_\_\_\_\_

3. SITE DESCRIPTION:

New site

4. ROD LAND USE: \_\_\_\_\_

5. CURRENT LAND USE: \_\_\_\_\_

6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

a. Visible Access Restrictions: \_\_\_\_\_

b. Warning Signs      ✓ correct WCC phone number

c. Fencing      ✓

d. Control of Activities \_\_\_\_\_

e. Comprehensive Land Use Plan \_\_\_\_\_

f. Property lease or transfer restrictions \_\_\_\_\_

g. Notice to affected stakeholders \_\_\_\_\_

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

- a. Visible Access Restrictions: \_\_\_\_\_
- b. Warning Signs  \_\_\_\_\_
- c. Fencing  \_\_\_\_\_
- d. Control of Activities \_\_\_\_\_
- e. Comprehensive Land Use Plan \_\_\_\_\_
- f. Property lease or transfer restrictions \_\_\_\_\_
- g. Notice to affected stakeholders (if applicable) \_\_\_\_\_

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?  
YES  NO \_\_\_\_\_

9. ARE SURVEYED MAPS OF THE SITE AVAILABE? YES \_\_\_\_\_ NO \_\_\_\_\_

Provide Map Number(s) \_\_\_\_\_

10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

**COMMENTS:**

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): \_\_\_\_\_

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? \_\_\_\_\_  
EXPLAIN \_\_\_\_\_

13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
EXPLAIN \_\_\_\_\_

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? \_\_\_\_\_ EXPLAIN  
\_\_\_\_\_

15. ARE REQUIRED SIGNS INTACT AND READABLE? \_\_\_\_\_ EXPLAIN  
\_\_\_\_\_



**DEFICIENCIES:**

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

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**IMPROVEMENTS:**

DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

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I certify that the above inspection report is true and accurate to the best of my ability.

*Val Sealey*  
Inspector signature *7/18/01*  
Date

*William Alan Gropf*  
Inspector signature *8/11/01*  
Date

**SITE INSPECTION PHOTO NUMBER LOG**

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION