Nevada
Environmental
Restoration
Project

DOE/NV--854

U-3auS Disposal Site
Corrective Action Unit 333
Post-Closure Inspection
Annual Report

UNCONTROLLED

Controlled Copy No.: _____

Revision: 0

September 2002

Environmental Restoration
Division

U.S. Department of Energy
National Nuclear Security Administration
Nevada Operations Office

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**U-3auS DISPOSAL SITE
CORRECTIVE ACTION UNIT 333
POST-CLOSURE INSPECTION
ANNUAL REPORT**

Controlled Copy No.: _____

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Revision 0

SEPTEMBER 2002

**Prepared for the U.S. Department of Energy National Nuclear Security Administration
Nevada Operations Office
under contract No. DE-AC08-96NV11718**

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**U-3auS DISPOSAL SITE
CORRECTIVE ACTION UNIT 333
POST-CLOSURE INSPECTION
ANNUAL REPORT**

Approved By: Janet Appenzeller-Wing Date: 9/25/02
Janet L. Appenzeller-Wing, Project Manager
Industrial Sites Project

Approved By: Peter C. Wyckoff Date: 9/26/2002
Runore C. Wyckoff, Division Director
Nevada Environmental Restoration Project

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INTRODUCTION

The U-3auS Disposal Site Corrective Action Unit (CAU) 333 is a closed construction landfill located in Area 3 of the Nevada Test Site. The closure of this site was approved by the Nevada Division of Environmental Protection (NDEP) in a letter from the NDEP to the U.S. Department of Energy, National Nuclear Security Administration Nevada Operations Office (NNSA/NV) dated June 27, 2001. Post-closure monitoring requirements are described in a letter from NNSA/NV to NDEP dated October 9, 2001, and were approved by the NDEP in a letter from NDEP to NNSA/NV dated November 5, 2001.

Post-closure care consists of the following:

- Semiannual inspections of the unit using an inspection checklist.
- Photographic documentation.
- Preparation and submittal of an annual report.

The annual report consists of copies of the inspection checklist, repair records (if any), photographs, and recommendations. The Post-Closure Inspection Checklists are found in Attachment A and a copy of the inspection photographs is found in Attachment B.

RESULTS OF THE INSPECTIONS

The first semiannual inspection at CAU 333 for the 2002 post-closure monitoring period was performed on December 17, 2001. The fence was in poor condition with two breaks along its length and the entire south side pulling away from the fence posts and leaning into the unit. There was construction debris near the gate and an old wooden sign stating that goggles must be worn in the area. There were no identification signs along the perimeter of the unit.

There was an attempt to temporarily repair the fence on March 13, 2002; however, the fence was determined to be too damaged for repair.

The second semiannual inspection at CAU 333 for the 2002 post-closure monitoring period was performed on June 25, 2002. The inspection revealed that the site had not significantly changed since the December 2001 semiannual inspection. During the June inspection, photographic documentation of the site was deferred to highlight maintenance activities to be performed later in the year; however, photos were taken on August 27, 2002, to fulfill semiannual inspection requirements.

RECOMMENDATIONS AND CONCLUSIONS

The entire fence should be replaced as soon as possible. The minor construction debris near the gate should be properly disposed of. The existing sign requiring goggles to be worn in the area should be removed. Identification signs with contact information should be installed at the entrance to the unit and along its perimeter. To ease inspection of the site, the road inside of the unit should be regraded.

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ATTACHMENT A
INSPECTION CHECKLISTS

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AREA 3 U3auS DISPOSAL UNIT (CAU 333)
INSPECTION FORM

Inspect the unit and surrounding area. Look for any unusual change in the unit such as accumulation of water, chemical odors, deterioration of structures, etc. Refer to the previous inspection of the unit in order to identify any changes. Inspections, should be completed after a problem is reported by a contractor, NNSA, NDEP, ER or other BN employees. Post Closure Care inspections will be done two times a year.

GENERAL INFORMATION

1. Date and time of inspection: 12 / 17 / 01 11 : 45
2. Facility Owner: Wayne Johnson, Bechtel Nevada Environmental Restoration
3. Reason for inspection: Semiannual: **XX**
Problem Reported: _____ Unusual weather: _____

Details (Name, organization and telephone number of person reporting problem):

4. Describe weather conditions over the past few weeks (high winds, precipitation, local flooding):
Cold and windy; snow covering unit.

CRATER AREA

5. Condition of unit (cracks, subsidence, serious erosion):
Good. Snow obscuring most of unit

6. Was gate locked? No _____ Yes XX

Details:

7. Condition of fencing (breaks, tilting):
Poor. 2 breaks along SE and SW. South side of unit fencing curling into unit and no longer effective.
Entire fence will need to be replaced.

8. Condition of signs and monuments (missing, fading, damaged, excessive vegetation obscuring signs or monuments):
Need to install signs for identification and remove sign requiring goggles located near gate.

9. Any trash or other waste in area? No _____ Yes _____ No change XX

Details: Minor construction debris.

AREA 3 U3auS DISPOSAL UNIT (CAU 333) INSPECTION FORM (Continued)

ACTIVITIES

10. Describe any activities apparent at the time of inspection:

None

AREA SURROUNDING UNIT

11. Describe any significant changes in the general area (within several hundred feet of the unit) from the previous inspection. Changes can include water in the area, change in land use, storage of materials nearby, soil piles, change in use of the facility, etc.:

None

12. What is the (possible) effect of the change?

N / A

13. Other comments or observations:

None

14. Recommendations:

Repair fence, install identification signs, remove sign requiring goggles near gate.

Next fiscal year: install permanent, sturdy fence, and grade road inside unit.

15. Does the finding(s) of this inspection require another inspection prior to the scheduled semiannual inspection? No XX Yes ____ If yes, date of next inspection: ____

The ER Project Manager and Task Manager must be notified of significant changes upon return to the office.

Inspected by (print): Jim Traynor Signed: Date: 12 / 17 / 01

Names of other persons on inspection (print):

Ted Zaferatos

AREA 3 U3auS DISPOSAL UNIT (CAU 333)
INSPECTION FORM

Inspect the unit and surrounding area. Look for any unusual change in the unit such as accumulation of water, chemical odors, deterioration of structures, etc. Refer to the previous inspection of the unit in order to identify any changes. Inspections should be completed after a problem is reported by a contractor, NNSA, NDEP, ER or other BN employees. Post Closure Care inspections will be done two times a year.

GENERAL INFORMATION

1. Date and time of inspection: 06 /25 / 02 12 : 50

2. Facility Owner: Jeffrey L. Smith, Bechtel Nevada Environmental Restoration

3. Reason for inspection: **Semiannual: XX**
Problem Reported: _____ Unusual weather: _____

Details (Name, organization and telephone number of person reporting problem):

4. Describe weather conditions over the past few weeks (high winds, precipitation, local flooding):
Hot and breezy.

CRATER AREA

5. Condition of unit (cracks, subsidence, serious erosion):
Good.

6. Was gate locked? No _____ Yes XX

Details:

7. Condition of fencing (breaks, tilting):
Needs replacing badly.

8. Condition of signs and monuments (missing, fading, damaged, excessive vegetation obscuring signs or monuments):
Existing signs should be removed. Identification signs should be installed at the gate and along the perimeter of the unit.

9. Any trash or other waste in area? No _____ Yes _____ No change XX

Details:

AREA 3 U3auS DISPOSAL UNIT (CAU 333) INSPECTION FORM (Continued)

ACTIVITIES

10. Describe any activities apparent at the time of inspection:
None

AREA SURROUNDING UNIT

11. Describe any significant changes in the general area (within several hundred feet of the unit) from the previous inspection. Changes can include water in the area, change in land use, storage of materials nearby, soil piles, change in use of the facility, etc.:

None

12. What is the (possible) effect of the change?

N / A

13. Other comments or observations:

None

14. Recommendations:

Replace fence as soon as possible.

Remove existing signs.

Install identification signs at gate and along perimeter.

15. Does the finding(s) of this inspection require another inspection prior to the scheduled semiannual inspection? No XX Yes If yes, date of next inspection:

The ER Project Manager and Task Manager must be notified of significant changes upon return to the office.

Inspected by (print): Jim Traynor Signed: Date: 06 / 25 / 02

Names of other persons on inspection (print):

Ted Zaferatos

Melissa Cabbie

Glenn Richardson

Nate Peterson

Mike Floyd

ATTACHMENT B
PHOTOGRAPHS

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PHOTO NUMBER	DATE	DESCRIPTION
1	12/17/2001	View looking north from center of unit.
2	12/17/2001	View looking east from center of unit.
3	12/17/2001	View looking south from center of unit.
4	12/17/2001	View looking west from center of unit.
5	12/17/2001	Break in fence.
6	12/17/2001	Break in fence.
1	08/27/2002	Gate to unit.
2	08/27/2002	View looking north from center of unit.
3	08/27/2002	View looking east from center of unit.
4	08/27/2002	View looking south from center of unit.
5	08/27/2002	View looking west from center of unit.
6	08/27/2002	View looking east from south end of unit.
7	08/27/2002	View looking west from south end of unit.
8	08/27/2002	View looking east from north end of unit.
9	08/27/2002	View looking west from north end of unit.

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