

ITEM #	FEDERAL REGULATIONS 40 CFR	STATE REGULATIONS OAC 252:205	GENERAL DESCRIPTION	INFO LOCATION	ADMIN. COMPLETE	TECHNICALLY COMPLETE	REMARKS
					Yes/No/NA	Yes/No/NA	
SWMU 126	264.100(e)(4)		Corrective action measures may be terminated once the concentration of hazardous constituents (264.93) is reduced to levels below the concentration limits (264.94)	Appl. Att 1. CMIP			
SWMU 127	264.100(f)		The facility must continue corrective action measures during the compliance period to extent necessary to ensure that the groundwater protection standard is not exceeded. If the facility is conducting corrective action at the end of the compliance period, the facility must continue that corrective action for as long as necessary to achieve compliance with the groundwater protection standard. The facility may terminate corrective action measures beyond the active life (inc. Closure) if the facility can demonstrate, based on groundwater monitoring program under paragraph (d) of this section, that the groundwater protection standard (264.92) has not been exceeded for a period of 3 consecutive years.	Appl. Att 1. CMIP			§264.100(g) states the owner/operator must submit the reports on the effectiveness of the corrective action program annually to the Regional Administrator. Annual Performance Monitoring Reports are submitted to Oklahoma DEQ and EPA Region 6 annually. Semiannual Corrective Action Progress Reports as required in Section III.E.2. are also submitted.
SWMU 128	264.100(g)		The facility must report semi-annually the effectiveness of the corrective action plan.	See remarks			
SWMU 129	264.100(h)		If the facility determines that the corrective action plan no longer satisfies the reqs of this section, the facility must, within 90 days, submit a permit modification.	N/A			
CORRECTIVE ACTION FOR SOLID WASTE MANAGEMENT UNITS (SWMUs) - 264.101							
SWMU 130	264.101(a)		A facility seeking a permit for TSD must institute corrective action for all releases of hazardous waste or HW constituents from any SWMU, regardless of time at which waste was placed in the unit.	N/A			

Facility Name _____
Reference No. _____

A. Reviewer's Initials _____ Tracking Date _____
T. Reviewer's Initials _____ Tracking Date _____