

Clean Harbors Deer Trail, LLC  
Permit Attachment 3

### DAILY INSPECTION CHECKLIST - OPERATIONAL DAYS

Inspections shall be conducted once every operational day. An operational day is defined as a day in which waste management activities occur at the site. For purposes of this definition, laboratory operations and operation of the Wastewater Treatment System do not constitute an operational day.

Measurements of liquid level readings for Leak Detection Systems, Leachate Collection Systems and collection tanks shall be maintained in the Operating Record at the Facility. Only the indication of a problem for each system shall be noted and recorded on the inspection checklist.

Inspectors are required to date, record the time of the inspection and sign their names on the Inspection Checklist that they complete. All items shall be responded to by indicating that an item is either a problem or is not a problem. If an item is not inspected, the Inspector shall respond by writing "NI" in the Problem column with an explanation of why it was not inspected. In the event the Inspector cannot complete a checklist, the new Inspector shall continue with the same inspection and shall date and sign his/her name to that checklist.

Deficiencies noted during inspections will be noted on the Inspection Checklist. If the deficiency can be corrected in the same day, the deficiency and the correction will be noted on the Inspection Checklist. If the deficiency cannot be corrected within the same day then an Inspection Corrective Action Report shall be initiated and distributed by the Inspector. The remediator will retain the original copy until the item has been corrected. A second copy will be given to management and the third copy will remain with the Inspector. The signed original will then be filed with the originating checklist upon completion.

<i>Reviewed by Compliance Manager or General Manager</i>	<i>Date:</i>
--	--------------

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

### Precipitation and Wind Readings

#### 1) Precipitation

Time recorded: \_\_\_\_\_

Amount and type since last inspection to the nearest 0.1 inch: \_\_\_\_\_

Gauge working: Yes  No

#### 2) Wind Readings

Time recorded: \_\_\_\_\_

Wind direction: \_\_\_\_\_

Wind speed in mph: \_\_\_\_\_

Recorder working: Yes  No

#### 3) Wind Socks

Time inspected: \_\_\_\_\_

	<b>Problem</b>
Treatment Bldg	Yes <input type="checkbox"/> No <input type="checkbox"/>
Truck Wash	Yes <input type="checkbox"/> No <input type="checkbox"/>
Potable Water Tank	Yes <input type="checkbox"/> No <input type="checkbox"/>

#### 4) Leachate Pipe

Will leachate be pumped through the pipe? Yes  No   
(If yes, then continue to the following inspection prior to pumping)

	<b>Problem</b>
Leaks	Yes <input type="checkbox"/> No <input type="checkbox"/>
Deterioration (pipes, joints, valves, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

## General Site

### 1) Drainage Ditches

Time inspected: \_\_\_\_\_

	<b>Problem</b>	
Erosion	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Obstructions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Overflow or imminent overflow	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Runoff present	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Windblown Debris	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Spill Present	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ditches Checked:		
UC6	Yes <input type="checkbox"/>	No <input type="checkbox"/>
UC7	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SS4	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SS1	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SS-1-1	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### 2) Security Fences and Gates

Time inspected: \_\_\_\_\_

	<b>Problem</b>	
a) Unauthorized Entry	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) General Condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### 3) General Inspections for Spilling and Ponding

Time inspected: \_\_\_\_\_

Spill or ponding on:

	<b>Problem</b>	
a) Roadways	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Access Ramps	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Loading/Unloading Areas	Yes <input type="checkbox"/>	No <input type="checkbox"/>

General Condition:

	<b>Problem</b>	
d) Roadways	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) Access Ramps	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f) Loading/Unloading Areas	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

#### 4) Sampling Station

Time inspected: \_\_\_\_\_

- a) Spills, leaks or unauthorized discharges
- b) Obstruction in floor collection trenches

**Problem**

Yes  No   
Yes  No

#### Hazardous Waste Management Units

##### 1) Operations Building Tank

Time inspected: \_\_\_\_\_

- a) Leaks or corrosion in area surrounding tank
- b) Obstructions in trench drain pipes
- c) Tank lift station inspected for leaks or  
Malfunction of level indicators an valves
- d) Liquid level exceeds the high level set point

**Problem**

Yes  No   
Yes  No   
Yes  No  ( not in service)  
Yes  No

If yes, pump tank and record gallons pumped \_\_\_\_\_

##### 2) Maintenance Building Tank

Time inspected: \_\_\_\_\_

- a) Leaks or corrosion in area surrounding tank
- b) Obstructions in trench drain pipes
- c) Tank lift station inspected for leaks or  
Malfunction of level indicators an valves
- d) Liquid level exceeds the high level set point

**Problem**

Yes  No   
Yes  No   
Yes  No  (not in service)  
Yes  No

If yes, pump tank and record gallons pumped \_\_\_\_\_

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

### Container Storage Areas

#### 3) Container Storage Area A

Time inspected: \_\_\_\_\_

- |  | <b>Problem</b>   |
|--|--|
| a) Containers:   |  |
| i) Spills  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ii) Deterioration  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iii) Corrosion which affects structural<br>Integrity or containment capability | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iv) Incompatibility with content   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b) Open containers at time of inspection<br>While not involved in sampling     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c) Aisle space less than 10 feet   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d) Compatibility group designation on<br>containers (40 CFR 264, Appendix V)   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e) Incompatible waste in the same<br>segregation area, segregation < 8 feet    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| f) Presence of liquids or solids in CSA<br>(remove in same work shift)         | Yes <input type="checkbox"/> No <input type="checkbox"/> |

#### 4) Container Storage Area B

Time inspected: \_\_\_\_\_

- |  | <b>Problem</b>   |
|--|--|
| a) Containers:   |  |
| i) Spills  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ii) Deterioration  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iii) Corrosion which affects structural<br>Integrity or containment capability | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iv) Incompatibility with content   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b) Open containers at time of inspection<br>While not involved in sampling     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c) Aisle space less than 10 feet   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d) Compatibility group designation on<br>containers (40 CFR 264, Appendix V)   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e) Incompatible waste in the same<br>segregation area, segregation < 8 feet    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| f) Presence of liquids or solids in CSA<br>(remove in same work shift)         | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

### 5) Container Management Building

Time inspected: \_\_\_\_\_

- |  | <b>Problem</b>   |
|--|--|
| a) Drums   |  |
| i) Leaks   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ii) Deterioration  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iii) Corrosion   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iv) Incompatibility with content   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b) Open containers at time of inspection<br>while not engaged in waste handling activities | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c) Aisle Space   |  |
| i) Rows less than 2 drums wide   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ii) Lack of pallets for stacked drums  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iii) Aisle space less than 2 feet  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iv) Less than 12" from major aisle   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| v) Inadequate aisle space for drums >55 g.   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| vi) Major aisle space less than 4 feet   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d) Compatibility group designation on drums<br>(40 CFR 264; Appendix V)                    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e) Presence of liquids or solids in spill<br>containment trenches (24 hours)               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| f) Incompatible waste in the same<br>segregation area                                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| g) Unreadable or no signs posting PPE<br>requirements at entry doors                       | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

**5) Segregated Storm Water Retention Basin (SSRB)**

Time inspected: \_\_\_\_\_

- |   | <b>Problem</b>   |
|---|--|
| a) Basin overflowing  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b) Liner of LDS shows evidence of failure   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c) Sever erosion of dikes   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d) Malfunction or leaks of fittings, valves, pumps, flow meters or above grade piping from the SSRB to the WWTS | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e) Spills or accidental discharges to the SSRB  | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**7) Tanker and Truck Unloading Area**

Time inspected: \_\_\_\_\_

- |  | <b>Problem</b>   |
|--|--|
| a) Entry Areas and overhead structures |  |
| i) Spills                              | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ii) Deterioration                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iii) Cracking                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iv) Corrosion                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b) Collection Basins                   |  |
| i) Spills                              | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ii) Deterioration                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iii) Cracking                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iv) Corrosion                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c) Piping and transfer equipment       |  |
| i) Leaks                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ii) Cracks                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iii) Loose fittings                    | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

### 8) Contaminated Water Storage Tanks

Time inspected: \_\_\_\_\_

- |   | <b>Problem</b>   |
|---|--|
| a) Leaks or spills in the area around                   |  |
| i) CWST A   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ii) CWST B  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b) Excessive exterior corrosion in                      |  |
| i) CWST A   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ii) CWST B  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c) Leaking from   |  |
| i) CWST A   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ii) CWST B  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d) Leaking from ancillary equipment of                  |  |
| i) CWST A   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ii) CWST B  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e) Liquid in secondary containment<br>(remove ,14 days) |  |
| i) CWST A   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ii) CWST B  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| f) Level of liquid                                      |  |
| i) CWST A   | _____  |
| ii) CWST B  | _____  |
| g) Level of freeboard<br>(maintain minimum of 2')       |  |
| i) CWST A   | _____  |
| ii) CWST B  | _____  |

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

### 9) Treatment Building

Time inspected: \_\_\_\_\_

#### Problem

- |   |  |
|---|--|
| a) Inspection of basins and processing equipment for any unknown or unintended violent, or heat, fume or gas producing reactions or excessive dust generation | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b) Posted sign to the Treatment Building that denotes the protection level and cartridge type is missing or unreadable  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c) Spills or ponding on the Process area floor  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d) Spill or leaks in or around air scrubbers  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e) Spills or ponding on curing area floor   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| f) Drum shredder system   |  |
| i) Worn hoses or pipes  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ii) Loose fittings  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iii) Hydraulic leaks  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| g) Note which Treatment Mixing Basin has a freeboard (if it contains liquids) of less than 2 feet _____   | Yes <input type="checkbox"/> No <input type="checkbox"/> |

### 10) Treatment Building LDS

Time inspected: \_\_\_\_\_

#### Problem

- |  |  |
|--|--|
| a) Inspection performed because liquids were removed the previous operational day or a precipitation event of 0.2" has occurred. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

**11) Active Secure Disposal Cell(s)**

**Secure Cell No. 2** (a separate checklist will be completed for each active cell)

Time inspected: \_\_\_\_\_

- |   | <b>Problem</b>   |
|---|--|
| a) Sub cell clay liner less than 2'   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b) Inadequate select fill clay for sub cell clay liner                                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c) Spills, discharges, leaks and/or wind blown debris around perimeter                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d) Ponding of liquids inside cell   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e) Approx. < one foot of buffer material protecting sideslope cover                     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| f) Adequate buffer extending up side slopes for the most recently completed waste layer | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| g) Liquid present in the LDS, liquid level above 0.67 feet                              | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| h) Water on haul roads adequate to control dust   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| i) Effective use of daily cover   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| j) Liquid present in the LCS > 0.67 feet<br>Container #                                 | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**12) Off-Site Vehicle Truck Wash Facility**

Time Inspected: \_\_\_\_\_

- |   |  |
|---|--|
| a) Spills or leaks surrounding area   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b) Tank leaking – note which tank _____   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c) Ancillary equipment leaking  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d) Collection trench overflowing  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e) Obstructions in drainage system  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| f) Liquids above high level point in collection tank – note liquid level _____ note solid level _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| g) Deterioration, leaks or corrosion of the water recycling system                                    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| h) Recycling system operating properly  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| i) High pressure units operating properly   | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

### 13) Treatment Building

Time inspected: \_\_\_\_\_

#### Problem

- a) Additional, separate inspection of the Treatment Mixing Basins and processing equipment conducted by supervisory level individual, qualified and knowledgeable of all treatment processes, to determine if any unknown or unintended violent, or heat, fume or gas producing reactions are occurring or have occurred in the basins since the last daily inspection.

Yes  No

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

### DAILY INSPECTION CHECKLIST FOR NON-OPERATIONAL DAYS

The following inspections shall be conducted on non-operational days. Non-operational days are defined as those days on which waste management activities do not occur. For purposes of this definition, laboratory operations and operation of the wastewater treatment system do not constitute waste management activities.

Inspectors are required to date, record the time of the inspection and sign their names on the Inspection Checklist that they complete. All items shall be responded to by indicating that an item is either a problem or is not a problem. If an item is not inspected, the Inspector shall respond by writing "NI" in the Problem column with an explanation of why it was not inspected. In the event the Inspector cannot complete a checklist, the new Inspector shall continue with the same inspection and shall date and sign his/her name to that checklist.

Deficiencies noted during inspections will be noted on the Inspection Checklist. If the deficiency can be corrected in the same day the correction will be noted on the Inspection Checklist. If the deficiency cannot be corrected within the same day then an Inspection Corrective Action Report shall be initiated and distributed by the Inspector. The remediator will retain the original copy until the item has been corrected. A second copy will be given to management and the third copy will remain with the Inspector. The signed original will then be filed with the originating checklist upon completion.

<i>Reviewed by Compliance Manager or General Manager</i>	<i>Date:</i>
--	--------------

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

### Precipitation and Wind Readings

#### 1) Precipitation

Time recorded: \_\_\_\_\_

Amount and type since last inspection to the nearest 0.1 inch: \_\_\_\_\_

Gauge working: Yes  No

#### 2) Wind Readings

Recorder working: Yes  No

Paper changed: Yes  No

#### 3) Leachate Pipe

Will leachate be pumped through the pipe? Yes  No

(If yes, then **Operational Day Inspection Checklist must be completed**)

	<b>Problem</b>
Leaks	Yes <input type="checkbox"/> No <input type="checkbox"/>
Deterioration (pipes, joints, valves, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>

#### 4) Security Fences and Gates

Time inspected: \_\_\_\_\_

	<b>Problem</b>
a) Unauthorized Entry	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) General Condition	Yes <input type="checkbox"/> No <input type="checkbox"/>

#### 5) Roadways, Access Ramps, Loading/Unloading Areas

Time inspected: \_\_\_\_\_

	<b>Problem</b>
a) Spills	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Ponding	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) General Condition	Yes <input type="checkbox"/> No <input type="checkbox"/>

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

**6) Sampling Station**

Time inspected: \_\_\_\_\_

- a) Spills
- b) Leaks
- c) Unauthorized discharges

**Problem**

Yes  No   
Yes  No   
Yes  No

**7) Container Management Building**

Time inspected: \_\_\_\_\_

- a) Spills
- b) Ponding
- c) Fumes, smoke, mists, fires, or explosions

**Problem**

Yes  No   
Yes  No   
Yes  No

**8) Treatment Building**

Time inspected: \_\_\_\_\_

- a) Spills
- b) Ponding
- c) Fumes, smoke, mists, fires, or explosions

**Problem**

Yes  No   
Yes  No   
Yes  No

**9) Container Storage Area**

Time inspected: \_\_\_\_\_

- a) Spills
- b) Open Containers
- c) Fumes, smoke, mists, fires, or explosions

**Problem**

Yes  No   
Yes  No   
Yes  No

**10) Contaminated Water Tanks**

Time inspected: \_\_\_\_\_

- a) Tanks show evidence of leaks
- b) Containment structure shows evidence of leaks

**Problem**

Yes  No   
Yes  No

**11) Active Secure Cell(s)**

Time inspected: \_\_\_\_\_

- a) Perimeter shows evidence of spills and windblown debris

**Problem**

Yes  No

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

**12) Off-Site Vehicle Truck Wash Facility**

Time inspected: \_\_\_\_\_

- a) Leaks
- b) Corrosion
- c) Spills

**Problem**

Yes  No

Yes  No

Yes  No

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

### WEEKLY INSPECTION CHECKLIST

The recording of liquid level readings for Leak Detection Systems, Leachate Collection Systems, collection tanks and freeboard shall be maintained in Facility logbooks. Only the indication of a problem for each system shall be noted and recorded on the inspection checklist.

The following inspections shall be conducted once a week. Inspectors are required to date, record the time of the inspection and sign their names on the Inspection Checklist that they complete. All items shall be responded to by indicating that an item is either a problem or is not a problem. If an item is not inspected, the Inspector shall respond by writing "NI" in the Problem column with an explanation of why it was not inspected. In the event the Inspector cannot complete a checklist, the new Inspector shall continue with the same inspection and shall date and sign his/her name to that checklist.

Deficiencies noted during inspections will be noted on the Inspection Checklist. If the deficiency can be corrected in the same day the correction will be noted on the Inspection Checklist. If the deficiency cannot be corrected within the same day then an Inspection Corrective Action Report shall be initiated and distributed by the Inspector. The remediator will retain the original copy until the item has been corrected. A second copy will be given to management and the third copy will remain with the Inspector. The signed original will then be filed with the originating checklist upon completion.

<i>Reviewed by Compliance Manager or General Manager</i>	<i>Date:</i>
--	--------------

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

## Contaminated Water Storage Tanks and Off-Site Vehicle Truck Wash Water Recycling Tanks

### 1) Foundations

- |                  | <b>Problem</b>   |
|------------------|--|
| a) Corrosion     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b) Deterioration | Yes <input type="checkbox"/> No <input type="checkbox"/> |

### 2) Concrete Secondary Containment Structure

- |                             | <b>Problem</b>   |
|-----------------------------|--|
| a) Cracks                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b) Leaks                    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c) Erosion                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d) Structural Deterioration | Yes <input type="checkbox"/> No <input type="checkbox"/> |

### 3) High Level Indicators and Alarms

- |   | <b>Problem</b>   |
|---|--|
| a) Malfunction of high level indicators | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b) Malfunction of high level alarms     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c) Presences of liquids or solids       | Yes <input type="checkbox"/> No <input type="checkbox"/> |

## Container Storage Area

### 1) Process Area Berms

- |                       |  |
|-----------------------|--|
| a) Structural defects | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|-----------------------|--|

## Maintenance Building Collection Tank

### 1) Hydrostatic Tank Monitors

- |                                      | <b>Problem</b>   |
|--------------------------------------|--|
| a) Indication of leak in the annulus | Yes <input type="checkbox"/> No <input type="checkbox"/> |

### 2) Collection Trenches and Foundations

- |                              | <b>Problem</b>   |
|------------------------------|--|
| a) Collection Trench         |  |
| i) Cracks                    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ii) Leaks                    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iii) Spalling                | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iv) Structural Deterioration | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

### Operation Building Collection Tank

#### 1) Hydrostatic Tank Monitors

- a) Indication of leak in the annulus

**Problem**  
Yes  No

#### 2) Collection Trenches and Foundations

- a) Collection Trench  
i) Cracks  
ii) Leaks  
iii) Spalling  
iv) Structural Deterioration

**Problem**  
Yes  No   
Yes  No   
Yes  No   
Yes  No

### Secure Disposal Cell Leachate Collection System and Surface Impoundment Leak Detection Sumps

#### 1) Leak Detection Systems

- a) Secure Cell No. 1  
i) LDS liquid level present  
ii) Level > 0.67 feet  
iii) Permanent Sump liquid level present  
iv) Level > 0.67 feet
- b) Secure Cell No. 2  
i) LDS liquid level present  
ii) Level > 0.67 feet  
iii) Permanent Sump liquid level present  
iv) Level > 0.67 feet
- c) Treatment Building  
i) LDS liquid level present  
ii) Level > 0.67 feet

**Problem**  
Yes  No   
Yes  No   
Yes  No   
Yes  No   
  
Yes  No   
Yes  No   
Yes  No   
Yes  No   
  
Yes  No   
Yes  No

#### 2) Leachate Collection Systems

- a) Secure Cell No. 1, liquid level > 0.67 feet  
b) Secure Cell No. 2, liquid level > 0.67 feet

**Problem**  
Yes  No   
Yes  No

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

## Treatment Building

### 1) Vehicle Security Barriers

- a) Structural Deterioration      **Problem**  
Yes  No

### 2) Foundation and Approach Ramps

- Problem**
- a) Cracks      Yes  No   
b) Spalling      Yes  No   
c) Deterioration      Yes  No   
d) Settling      Yes  No   
e) Structural Deficiency      Yes  No

### 3) Treatment Mixing Basin Steel Liners

- a) Which basin's steel liner shows evidence of corrosion or deterioration.  
(note basin # \_\_\_\_\_)

- (1) Corrosion      Yes  No   
(2) Deterioration      Yes  No

### 4) Treatment Mixing Basin Annulus Mixing System

- a) Liquid level above 0.67 feet in annulus monitoring system of which basin.  
(note basin # \_\_\_\_\_)

- (1) Liquid level > 0.67 feet      Yes  No

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

## General Site

### 1) Air Horns and Fire Extinguishers

- b) Air horns and fire extinguishers are on all facility landfill vehicles

**Problem**

Yes  No

### 2) Portable and Stationary Eyewash Stations and Safety Showers

- a) Inspected for proper operation

**Problem**

Yes  No

- b) Stationary Units not located in:

- i) Decon room
- ii) Maintenance Bldg.
- iii) Lab/Sampling Station
- iv) CWST's

Yes  No

Yes  No

Yes  No

Yes  No

- c) Portable Units not located in:

- i) Active Cell area
- ii) On-Site response vehicle

Yes  No

Yes  No

### 3) Emergency Communications Systems

- a) Intercom/Public address system not operational

**Problem**

Yes  No

- b) Facility air horns not operational

Yes  No

- c) Two-way radios not operational

Yes  No

- d) Portable units in vehicles not operational

Yes  No

### 4) Fire Detection and Emergency Alarms

- a) Fire detection alarms not operational

**Problem**

Yes  No

- b) Emergency alarms not operational

Yes  No

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

**5) Emergency Exits, Aisle Spaces and Fire Lanes**

**Problem**

- a) Less than 4-foot aisle space to firestand pipe system Yes  No
- b) Parked vehicles in fire lanes. Yes  No
- c) Less than 15-foot fire lane at:
  - i) Sampling Station Yes  No
  - ii) CWST's Yes  No
  - iii) Truck Wash Yes  No
  - iv) Maintenance Building Yes  No
  - v) Operations Building Yes  No
  - vi) Active Cell Yes  No

**6) Signs**

- a) Missing signs for:
  - i) No smoking area Yes  No
  - ii) First aid areas Yes  No
  - iii) Emergency equipment Yes  No
  - iv) Emergency exits Yes  No
  - v) Restricted areas Yes  No

**7) First aid**

- a) First aid and protective equipment inspected And inventoried Yes  No

**8) Fire Water Storage Tank and Construction Water Storage Tank Capacities**

- a) Fire water storage tank < 48,000 gallons Yes  No
- b) Construction water storage tank < 180,000 gallons Yes  No

**9) Above-Grade Piping and valves for Fire Water Storage Tanks and Construction Water Storage Tanks**

**Problem**

- a) Fire water storage tank
  - i) Leaks Yes  No
  - ii) Faulty operation Yes  No
  - iii) Need of maintenance Yes  No
- b) Construction water storage tank
  - i) Leaks Yes  No
  - ii) Faulty operation Yes  No
  - iii) Need of maintenance Yes  No

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

**10) Laboratory- inspection by qualified laboratory personel**

- a) Record keeping function of laboratory  
accurate and up to date

**Problem**

Yes  No

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

### MONTHLY INSPECTION CHECKLIST

The following inspections shall be conducted once a month. Inspectors are required to date, record the time of the inspection and sign their names on the Inspection Checklist that they complete. All items shall be responded to by indicating that an item is either a problem or is not a problem. If an item is not inspected, the Inspector shall respond by writing "NI" in the Problem column with an explanation of why it was not inspected. In the event the Inspector cannot complete a checklist, the new Inspector shall continue with the same inspection and shall date and sign his/her name to that checklist.

Deficiencies noted during inspections will be noted on the Checklist. If the deficiency can be corrected in the same day the correction will be noted on the Checklist. If the deficiency cannot be corrected with in the same day then an Inspection Corrective Action Report shall be initiated and distributed by the Inspector. The remediator will retain the original copy until the item has been corrected. A second copy will be given to management and the third copy will remain with the Inspector. The signed original will then be filed with the originating checklist upon completion.

<i>Reviewed by Compliance Manager or General Manager</i>	<i>Date:</i>
--	--------------

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

**1. Firefighting Equipment**

- a. Inventory of pumps, hoses, and emergency lights not available or not operational

**Problem**

Yes  No

**2. Fire Extinguishers**

- a. Improper pressure  
b. Hose and cone deterioration  
c. Canister deterioration  
d. Recharging or missing

Yes  No

Yes  No

Yes  No

Yes  No

**3. Foam Equipment and Supplies**

- a. Improper placement or deterioration of foam eductor units, or wheeled extinguishers

Yes  No

**4. Self-Contained breathing Apparatus**

- a. In adequate air reserve  
b. Malfunctioning pressure gauges  
c. Inadequate air delivery system  
d. Inadequate air flow through regulators

Yes  No

Yes  No

Yes  No

Yes  No

**5. Firefighting Turnout Gear**

- a. Rips, holes or signs of deterioration

Yes  No

**6. Spill Control Equipment**

- a. Pumps, hoses 55-gallon and 85-gallon overpack drums, absorbents, booms, shovels, rakes, air packs, treatment reagent and heavy duty sorbent boom are not available in good condition

Yes  No

**7. Laboratory**

- a. Inspection conducted by qualified lab personnel:  
Proper maintenance of analytical monitoring and sampling equipment

Yes  No

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

### QUARTERLY INSPECTION CHECKLIST

The recording of the liquid level reading of the Permanent Sump shall be maintained in a Facility logbook. Only the indication of a problem for that system shall be noted and recorded on the inspection checklist. Coupon monitoring results shall be recorded in a Facility logbook.

The following inspections shall be conducted once each quarter. Inspectors are required to date, record the time of the inspection and sign their names on the Inspection Checklist that they complete. All items shall be responded to by indicating that an item is either a problem or is not a problem. If an item is not inspected, the Inspector shall respond by writing "NI" in the Problem column with an explanation of why it was not inspected. In the event the Inspector cannot complete a checklist, the new Inspector shall continue with the same inspection and shall date and sign his/her name to that checklist.

Deficiencies noted during inspections will be noted on the Checklist. If the deficiency can be corrected in the same day the correction will be noted on the Checklist. If the deficiency cannot be corrected within the same day then an Inspection Corrective Action Report shall be initiated and distributed by the Inspector. The remediator will retain the original copy until the item has been corrected. A second copy will be given to management and the third copy will remain with the Inspector. The signed original will then be filed with the originating checklist upon completion.

<i>Reviewed by Compliance Manager or General Manager</i>	<i>Date:</i>
--	--------------

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

## Coupon Testing

### 1. Contaminated Water Storage Tanks

- |  |  |
|--|--|
| <b>a. CWST A</b>                       | <b>Problem</b>   |
| i. Corrosion rate over 20 mils / year  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ii. Change in weight greater than 1.5% | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>b. CWST B</b>                       |  |
| i. Corrosion rate over 20 mils / year  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ii. Change in weight greater than 1.5% | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>c. Collection sumps</b>             |  |
| i. Corrosion rate over 20 mils / year  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ii. Change in weight greater than 1.5% | Yes <input type="checkbox"/> No <input type="checkbox"/> |

### Active Secure Cell (complete one inspection for each active secure cell)

#### Active Secure Cell #2

- |  |  |
|--|--|
| <b>1) Leachate Collection System Access Pipes</b>        | <b>Problem</b>   |
| a) Deteriorating riser pipes                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b) Improper operation                                    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c) Note Elevation _____                                  |  |
| <b>2) Leak Detection Riser Pipes</b>                     |  |
| a) Deterioration   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b) Locked  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>3) Permanent Sump Riser Pipes</b>                     |  |
| a) Deterioration   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b) Locked  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>4) Permanent Sump</b>                                 |  |
| a) Level of liquid greater than 0.67 feet                | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, note liquid level _____                          |  |
| <b>5) Run-On and Run-Off Drainage Control System</b>     |  |
| a) Inadequate run-on and run-off drainage control system | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

**Closed Secure Disposal Cell (complete one inspection for each closed secure disposal cell)**

**Closed Secure Disposal Cell #1**

**1) Leachate Collection System**

**Problem**

- a) Deteriorating surface access pipes Yes  No
- b) Unsecured security devices Yes  No
- c) Deteriorating standpipe grouting Yes  No
- d) LCS clogged Yes  No

**2) Leak Detection System**

- a) Deteriorating surface access pipes Yes  No
- b) Unsecured security devices Yes  No
- c) Deteriorating standpipe grouting Yes  No
- d) LDS clogged Yes  No
- e) Note location by survey monument reference \_\_\_\_\_

**3) Permanent Sump Riser Pipes**

- a) Deteriorating surface access pipes Yes  No
- b) Unsecured security devices Yes  No
- c) Deteriorating standpipe grouting Yes  No
- d) PS clogged Yes  No
- e) Note location by survey monument reference \_\_\_\_\_

**4) Survey Monuments**

- a) Monuments will be surveyed to determine if settlement has occurred Yes  No   
Location of monuments noted \_\_\_\_\_

**5) Cell Cap**

- a) Settlement Yes  No
- b) Ponding Yes  No
- c) Erosion Yes  No
- d) Cracking Yes  No
- e) Deteriorating vegetation Yes  No
- f) Burrowing animals Yes  No

**6) Cell Drainage**

- a) Inadequate run-on/run-off drainage control system Yes  No
- b) Eroding drainage ditches Yes  No

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

**Post-Closure Inspection Schedule  
 Frequency Year 1-30; Semi-Annual**

General Facility	Problem		Remediation
	Yes	No	
<b>1. General Maintenance</b>			
-Mowing	___	___	Twice a year or when greater than 8 inches.
-Need for reseeding and mulching	___	___	As necessary, document location; If recurring problem, investigate.
-Soil Replacement	___	___	As necessary, document location; If recurring problem, investigate.
-Spot fertilization of vegetative cover	___	___	As necessary, document location; If recurring problem, investigate.
-Sprinkling Needed	___	___	As necessary, document location; If recurring problem, investigate.

<b>PROBLEM DESCRIPTION</b>		
<b>LOCATION:</b>	<b>COORDINATES</b>	
<b>REMEDIAL ACTION NEEDED:</b>		
	<b>WORK ORDER #</b>	
<b>RAR NO.:</b>	<b>REMEDATION COMPLETION DATE:</b>	<b>INSPECTOR:</b>

2. Site Vegetation	Problem		Remediation
	Yes	No	
-Evidence of vegetative stress	___	___	Reseed and mulch with Blue Grass, Western Wheatgrass, Buffalo Grass, Fertilize.
-Lack of Precipitation	___	___	Supplemental sprinkling will take place when there is vegetative stress due to lack of precipitation, during period drought, or when there is evidence of excess soil erosion due to lack of precipitation.
-Evidence of erosion, cracking	___	___	Regrade; replace soil
-Evidence of settling	___	___	Regrade; replace soil
-Evidence of water ponding	___	___	Regrade; replace soil; determine if cover drain layer is clogged.
-Presence of detrimental vegetation	___	___	Remove detrimental growth, reseed area; evaluate mowing schedule.
-Evidence of leachate penetration of soil; or cover	___	___	See Contingency Plan and notify the Department.
-Burrowing animals	___	___	Trap and Remove animals.

<b>PROBLEM DESCRIPTION</b>		
<b>LOCATION:</b>	<b>COORDINATES</b>	
<b>REMEDIAL ACTION NEEDED:</b>		
	<b>WORK ORDER #</b>	
<b>RAR NO.:</b>	<b>REMEDATION COMPLETION DATE:</b>	<b>INSPECTOR:</b>

**Leachate Collection and Leak Detection Secure Disposal Cell Sump Systems.**

	<b>Problem</b>		<b>Remediation</b>
	<b>Yes</b>	<b>No</b>	
1. Poor integrity of riser pipe	___	___	Repair and notify Management.
2. Level of liquids in riser pipe Record Level _____	___	___	Sample and pump. Notify Management.
3. Presence of Liquid Record Level _____	___	___	Sample and analyze. Remove liquids to below 8 inches.
- System over 8 inches	___	___	

<b>PROBLEM DESCRIPTION</b>		
<b>LOCATION:</b>	<b>COORDINATES</b>	
<b>REMEDIAL ACTION NEEDED:</b>		
	<b>WORK ORDER #</b>	
<b>RAR NO.:</b>	<b>REMEDIAL ACTION COMPLETION DATE:</b>	<b>INSPECTOR:</b>

**Survey Monuments**

	<b>Problem</b>		<b>Remediation</b>
	<b>Yes</b>	<b>No</b>	
1. Poor structural integrity	___	___	Repair and notify management.
2. Record level of subsidence and/or differential settlement.	___	___	Contact Land Surveyor to assess degree of settlement.

<b>PROBLEM DESCRIPTION</b>		
<b>LOCATION:</b>	<b>COORDINATES</b>	
<b>REMEDIAL ACTION NEEDED:</b>		
	<b>WORK ORDER #</b>	
<b>RAR NO.:</b>	<b>REMEDATION COMPLETION DATE:</b>	<b>INSPECTOR:</b>

### ANNUAL INSPECTION CHECKLIST

The following inspections shall be conducted once each year. Inspectors are required to date, record the time of the inspection and sign their names on the Inspection Checklist that they complete. All items shall be responded to by indicating that an item is either a problem or is not a problem. If an item is not inspected, the Inspector shall respond by writing "NI" in the Problem column with an explanation of why it was not inspected. In the event the Inspector cannot complete a checklist, the new Inspector shall continue with the same inspection and shall date and sign his/her name to that checklist.

Deficiencies noted during inspections will be noted on the Checklist. If the deficiency can be corrected in the same day the correction will be noted on the Checklist. If the deficiency cannot be corrected with in the same day then an Inspection Corrective Action Report shall be initiated and distributed by the Inspector. The remediator will retain the original copy until the item has been corrected. A second copy will be given to management and the third copy will remain with the Inspector. The signed original will then be filed with the originating checklist upon completion.

<i>Reviewed by Compliance Manager or General Manager</i>	<i>Date:</i>
--	--------------

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

**1. Survey Monuments**

**Problem**

- a. Locations and elevations verified by survey

Yes  No

**2. Flow Test on Fire Control System**

- a. Fire control system conforms with  
NFPA Standards

Yes  No

**3. Industrial Hygiene Survey**

- a. Industrial Hygiene Survey review

Yes  No

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

### FIVE YEAR INSPECTION CHECKLIST

The following inspections shall be conducted once every five years. Inspectors are required to date, record the time of the inspection and sign their names on the Inspection Checklist that they complete. All items shall be responded to by indicating that an item is either a problem or is not a problem. If an item is not inspected, the Inspector shall respond by writing "NI" in the Problem column with an explanation of why it was not inspected. In the event the Inspector cannot complete a checklist, the new Inspector shall continue with the same inspection and shall date and sign his/her name to that checklist.

Deficiencies noted during inspections will be noted on the Checklist. If the deficiency can be corrected in the same day the correction will be noted on the Checklist. If the deficiency cannot be corrected with in the same day then an Inspection Corrective Action Report shall be initiated and distributed by the Inspector. The remediator will retain the original copy until the item has been corrected. A second copy will be given to management and the third copy will remain with the Inspector. The signed original will then be filed with the originating checklist upon completion.

<i>Reviewed by Compliance Manager or General Manager</i>	<i>Date:</i>
--	--------------

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

**1. Internal Tank Inspections**

**Problem**

- a. Internal inspection of steel tanks reveals deterioration on the liner or tank interior Yes  No

note which tanks need repair \_\_\_\_\_

- b. Internal inspection of fiberglass tanks reveals deterioration on the liner or tank interior Yes  No

note which tanks need repair \_\_\_\_\_

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

### SPECIAL INSPECTION CHECKLIST

The following inspections shall be conducted for the particular unit or special conditions as detailed in this checklist. Frequency of inspection depends on the unit and conditions. Inspectors are required to date, record the time of the inspection and sign their names on the Inspection Checklist that they complete. All items shall be responded to by indicating that an item is either a problem or is not a problem. If an item is not inspected, the Inspector shall respond by writing "NI" in the Problem column with an explanation of why it was not inspected. In the event the Inspector cannot complete a checklist, the new Inspector shall continue with the same inspection and shall date and sign his/her name to that checklist.

Deficiencies noted during inspections will be noted on the Checklist. If the deficiency can be corrected in the same day the correction will be noted on the Checklist. If the deficiency cannot be corrected within the same day then an Inspection Corrective Action Report shall be initiated and distributed by the Inspector. The remediator will retain the original copy until the item has been corrected. A second copy will be given to management and the third copy will remain with the Inspector. The signed original will then be filed with the originating checklist upon completion.

<i>Reviewed by Compliance Manager or General Manager</i>	<i>Date:</i>
--	--------------

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

**Daily / Hourly Inspections**

**1) Nearly Full Secure Cell**

Time recorded: \_\_\_\_\_

**Problem**

a) The nearly full secure cell, which has not been covered by 2' of compacted clay, does not have adequate empty volume to contain a 100-year precipitation event and run-off from adjacent waste fill which may be placed at the final elevation to allow for 2' freeboard

Yes  No

b) After the empty volume limit specified in 1.a. above is surpassed and until completion of the lower clay component of the cell cover, regional weather forecasts shall be closely monitored

Yes  No

c) In the event a significant precipitation event is predicted or occurring, special inspections shall be made of the cell and incomplete cover areas

Yes  No

d) Immediate repairs, regrading of runoff flow paths or other emergency measures needed to prevent overflow of runoff out of the nearly full cell or runoff from areas of the fill not covered by the lower clay component of the cell cover which cannot be contained in the segregated stormwater drainage ditches are needed

Yes  No

e) Segregated stormwater drainage ditches need to be cleared of debris

Yes  No

f) Lift Station pumps are not functioning properly

Yes  No

g) Before the clay component of the cell cover is completed and when a storm is producing runoff, hourly inspections shall be conducted. Two pairs of samples shall be taken of the overflow and runoff at each hourly inspected`

\_\_\_\_ @ \_\_\_\_  
\_\_\_\_ @ \_\_\_\_  
\_\_\_\_ @ \_\_\_\_  
\_\_\_\_ @ \_\_\_\_  
\_\_\_\_ @ \_\_\_\_  
\_\_\_\_ @ \_\_\_\_  
\_\_\_\_ @ \_\_\_\_  
\_\_\_\_ @ \_\_\_\_

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

**2) Segregated Storm Water Retention Basin**

Time recorded: \_\_\_\_\_

**Problem**

- a) Basin overflowing Yes  No
- b) Liner of LDS shows evidence of failure Yes  No
- c) Sever erosion of dikes Yes  No
- d) Spills or accidental discharges into the SSRB Yes  No
- e) Malfunction or leaks of fittings and valves of pumps from the SSRB to the Waste Water Treatment System Yes  No

**3) Lift Station A**

Time recorded: \_\_\_\_\_

**Problem**

- a) Basin overflowing Yes  No
- b) Liner of LDS shows evidence of failure Yes  No
- c) Sever erosion of lift station dikes Yes  No
- d) Spills or accidental discharges into the lift station Yes  No
- e) Malfunction or leaks of fittings and valves of pumps, flow meters and above grade piping from the lift station to the SSRB Yes  No
- f) Malfunction of lift station water level indicator Yes  No

**4) Treatment Building**

Time recorded: \_\_\_\_\_

**Problem**

- a) Additional, separate inspection of the Treatment Mixing Basins and waste processing equipment conducted by supervisory level individual, qualified and knowledgeable of all treatment processes, to determine if any unknown or unintended violent, or heat, fume or gas producing reactions are occurring or have occurred in the basins in the time period since the last daily inspection Yes  No

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

**Weekly Inspection**

**1) Segregated Storm Water Retention Basin**

Time recorded: \_\_\_\_\_

**Problem**

a) Drainage system not operating properly

Yes  No

**2) Lift Station A**

Time recorded: \_\_\_\_\_

**Problem**

b) Drainage system not operating properly

Yes  No

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

### Event Triggered Inspections

#### 1) Segregated Storm Water Retention Basin Leak Detection

Time recorded: \_\_\_\_\_

**Problem**

- a) Inspection performed because liquids were removed the previous Operational day or a precipitation event of  $> 0.2''$  occurred:

- (1) Liquid level present  
(2) Liquid level present

Yes  No   
Yes  No

#### 2) Lift Station Leak Detection

Time recorded: \_\_\_\_\_

- a) Inspection performed because liquids were removed the previous Operational day or a precipitation event of  $> 0.2''$  occurred:

- (1) Liquid level present  
(2) Liquid level present

Yes  No   
Yes  No

#### 3) Treatment Building Leak Detection

Time recorded: \_\_\_\_\_

- a) Inspection performed because liquids were removed the previous Operational day or a precipitation event of  $> 0.2''$  occurred:

- (1) Liquid level present  
(2) Liquid level present

Yes  No   
Yes  No

#### 4) Ultrasonic Tank Test

Time recorded: \_\_\_\_\_

- a) Ultrasonic tank testing performed because coupon testing Indicates that it is necessary:

Yes  No

Note which tank

If any of the above items are checked "yes" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_