COLORADO DEPARTMENT of PUBLIC HEALTH ENVIRONMENT
Hazardous Materials and Waste Management Division
SOLID WASTE DISPOSAL SITE AND FACILITY INSPECTION

Time In: _____

Time Out: _____

Facility: _____ Inspection Date: _____

Landfill Inspector(s):_____

Functional Category	Requirement Description	Not Insp	N/A	Citation	Violation Y/N/P	Note Reference
Closure/Post-closure						
Closure/Post-closure	Closed aesthetic appearance			2.1.16		
	Closure Completion Report			3.5.8		
	Closure Schedule_Notification			2.5.2; 2.5.3; 2.5.9; 3.5.5;3.5.6;3.5.7		
	Ensure post closure land use does not disturb final cover			3.6.1(A)(7)		
	Explosive Gas Monitoring			2.3, 3.6.1(A)(5)		
	Financial Assurance 5-year Replacement			1.8.3(D)		
	Financial Assurance Annual Update			1.8.3		
	Financial Assurance Established			1.8.1		
	Groundwater Monitoring			2.2, 3.6.1(A)(3)		
	Maintain and operate leachate collection system			3.6.1(A)(4)		
	Maintain integrity and effectiveness of final cover			3.6.1(A)(2)		
	MSW Landfill Post-closure Period			2.6.2		
	Operating Record			2.4		
	Post closure fee			1.7.3(A)(3)		
	Post-closure Care and Maintenance			2.6.1; 3.6		
	Post-closure Nuisance Prevention			2.5.6		
	Post-closure Water Pollution Prevention			2.5.5		
	Prevent Illegal Disposal			2.5.4		
	Prevent Nuisance Conditions			3.6.1(A)(1)		
	Run-on and run-off control system			2.5.7		

Site-Specific Engineering Design and Operation Plan Requirements:

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_____ ___ ___ _____ _____ _____

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Landfill

Note/Regulation Reference #	Comments and Deficiency Requests	Request Date	RTC Date

White = File Copy, Yellow=Tracking Copy, Pink=Facility Copy