



State of Utah

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HAZARDOUS WASTE
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October 7, 2014

Bruce Keeler, Chair
Administrative Control Board
P.O. Box 980
Moab, Utah 84532

RE: Compliance Evaluation Inspection
Moab Class IV Landfill

Dear Mr. Keeler:

On, September 24, 2014, a representative of the Division of Solid and Hazardous Waste inspected the Moab Class IV landfill to determine compliance with the Utah Solid Waste Permitting and Management Rules and the landfill permit.

Enclosed is a copy of the inspection checklist and brief comments and photographs taken during the inspection. The inspection documented that the landfill operations reviewed during the inspection have been conducted in accordance with the rules and permit requirements.

If you have any questions, please call Rob Powers at (801) 536-0255.

Sincerely,

Scott T. Anderson, Director
Division of Solid and Hazardous Waste

STA/RDP/kl

Enclosures: Inspection checklist and photographs

c: David Cunningham, RN, MSN, Health Officer, Southeastern Utah Dist. Health Dept.
Brady C. Bradford, MSPH, REHS, Env. Health Director, Southeastern Utah Dist. Health Dept.
David Ariotti, P.E., DEQ District Engineer
Tom Edwards, District Manager
Orion Rogers, Environmental Health Scientist, Southeastern Utah Dist. Health Dept.

DSHW-2014-012871

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SOLID WASTE FACILITY INSPECTION REPORT CHECKLIST

UTAH DIVISION OF SOLID & HAZARDOUS WASTE

Facility Name Moab Class IV Landfill County Grand
 Location _____
 Inspection Date 9/24/14 Time In _____ Time Out _____
 Routine Oversight Follow up Monitoring Evaluation Facility Status Construction Review
 Announced Unannounced Weather Conditions Sunny and warm
 Inspection Goal Compliance with the Utah Solid Waste Rules and conditions of the approved landfill permit
 Facility Contact Tom Edwards
 Participants Rob Powers and Orion Rogers, Southeastern Utah Health Department
 FOLLOW UP INSPECTION NEEDED Yes No Recommended Follow Up Date _____

(X - indicates items reviewed)

1. PRE-INSPECTION REVIEW

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | 1.1 Permit Review |
| <input checked="" type="checkbox"/> | 1.2 Annual Report Review |
| <input checked="" type="checkbox"/> | 1.3 Previous Inspection Review |
| <input checked="" type="checkbox"/> | 1.4 Facility Contacts Confirmed |
| <input checked="" type="checkbox"/> | 1.5 Facility Contacted (if announced inspection) Unannounced |
| <input checked="" type="checkbox"/> | 1.6 Local Health Contacted Met with Orion Rogers on site |
| <input type="checkbox"/> | 1.7 Other |

2. FACILITY / OPERATIONAL CONTROLS

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | 2.1 Litter In compliance |
| <input checked="" type="checkbox"/> | 2.2 Roads In compliance |
| <input checked="" type="checkbox"/> | 2.3 Gate House Operations In compliance |
| <input checked="" type="checkbox"/> | 2.4 Vectors In compliance |
| <input type="checkbox"/> | 2.5 Communications |
| <input checked="" type="checkbox"/> | 2.6 Recycling Area Recycled materials go to the recycling center just down the hill |
| <input checked="" type="checkbox"/> | 2.7 Fugitive Dust Control In compliance |
| <input checked="" type="checkbox"/> | 2.8 Waste Inspection Area In compliance |
| <input checked="" type="checkbox"/> | 2.9 Scavenging Control Not allowed |
| <input checked="" type="checkbox"/> | 2.10 Open Burning NA |
| <input checked="" type="checkbox"/> | 2.11 Fences, Gates, Locks, Access Control In compliance |
| <input checked="" type="checkbox"/> | 2.12 Working Face In compliance |
| <input checked="" type="checkbox"/> | 2.13 Leachate Collection System NA |
| <input type="checkbox"/> | 2.14 Other |

3. SIGNS REQUIRED / PROPERLY POSTED

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | 3.1 Operating Days / Hrs. In compliance |
| <input checked="" type="checkbox"/> | 3.2 Directions & Procedure In compliance |
| <input type="checkbox"/> | 3.3 Emergency Numbers |
| <input checked="" type="checkbox"/> | 3.4 List of Unacceptable Materials In compliance |
| <input type="checkbox"/> | 3.5 Other |

4. OPERATOR / REPRESENTATIVE / EMPLOYEES

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | 4.1 On-site while open In compliance |
| <input checked="" type="checkbox"/> | 4.2 Training Did not review |
| <input type="checkbox"/> | 4.3 Other |

5. MONITORING

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | 5.1 Methane NA |
| <input checked="" type="checkbox"/> | 5.2 Random Inspections Did not review |
| <input checked="" type="checkbox"/> | 5.3 Leachate NA |
| <input checked="" type="checkbox"/> | 5.4 Ground Water NA |
| <input type="checkbox"/> | 5.5 Other |

6. DRAINAGE / EROSION

| | |
|-------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> | 6.1 Water Run-on In compliance |
| <input checked="" type="checkbox"/> | 6.2 Water Run-off In compliance |
| <input type="checkbox"/> | 6.3 Other |

7. PROPER STORAGE / ISOLATION / DISPOSAL

| | |
|--------------------------|-------------------|
| <input type="checkbox"/> | 7.1 Special Waste |
|--------------------------|-------------------|

SOLID WASTE FACILITY INSPECTION REPORT

Date: 9/24/14

Facility Name: Moab Class IV Landfill

| | |
|--|-----------------------|
| <input type="checkbox"/> | 7.2 Batteries |
| <input checked="" type="checkbox"/> | 7.3 Hazardous Waste |
| NA | |
| <input type="checkbox"/> | 7.4 Infectious Waste |
| <input type="checkbox"/> | 7.5 Tires |
| <input checked="" type="checkbox"/> | 7.6 Dead Animals |
| NA | |
| <input checked="" type="checkbox"/> | 7.7 Asbestos |
| NA | |
| <input checked="" type="checkbox"/> | 7.8 Bulky Waste |
| <input checked="" type="checkbox"/> | 7.9 Contaminated Soil |
| Must meet the BETX standards prior to acceptance | |
| <input type="checkbox"/> | 7.10 Ash |
| <input type="checkbox"/> | 7.11 Sludge |
| <input checked="" type="checkbox"/> | 7.12 Other |
| Construction and demolition waste only was in compliance | |

8. COVER

| | |
|---|-------------------------|
| <input checked="" type="checkbox"/> | 8.1 Daily - Soil |
| In compliance, it is required to cover the waste once every month | |
| <input checked="" type="checkbox"/> | 8.2 Daily - Alternative |
| In compliance | |
| <input type="checkbox"/> | 8.3 Intermediate |
| <input type="checkbox"/> | 8.4 Final |
| <input type="checkbox"/> | 8.5 Vegetation |
| <input type="checkbox"/> | 8.6 Other |

9. INSPECTION RECORDS

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | 9.1 Random Inspection Report |
| Not reviewed | |
| <input checked="" type="checkbox"/> | 9.2 Gas Monitoring System |
| Did not review | |
| <input checked="" type="checkbox"/> | 9.3 Surface Drainage Control |
| In compliance | |
| <input checked="" type="checkbox"/> | 9.4 Daily Records |
| Not reviewed | |
| <input checked="" type="checkbox"/> | 9.5 Weight or Volumes |
| Not reviewed | |
| <input checked="" type="checkbox"/> | 9.6 Intermediate Cover |
| In compliance | |
| <input type="checkbox"/> | 9.7 Final Cover |
| <input type="checkbox"/> | 9.8 Self Inspection (Quarterly) Reports |

| | |
|-------------------------------------|---|
| <input type="checkbox"/> | 9.9 Deviation from Plans |
| <input checked="" type="checkbox"/> | 9.10 Permit, Permit Application and Rules Available |
| <input type="checkbox"/> | 9.11 Other |

10. MONITORING / SAMPLING / ANALYSIS RECORDS

| | |
|-------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> | 10.1 Explosive Gas Monitoring |
| NA | |
| <input checked="" type="checkbox"/> | 10.2 Leachate Sampling & Treatment |
| NA | |
| <input checked="" type="checkbox"/> | 10.3 Ground Water Sampling Results |
| NA | |
| <input type="checkbox"/> | 10.4 Other |

11. SPECIAL WASTE RECORDS

| | |
|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | 11.1 Lab Analysis Results |
| Not reviewed | |
| <input checked="" type="checkbox"/> | 11.2 Manifests |
| Not reviewed | |
| <input checked="" type="checkbox"/> | 11.3 Treatment Certification |
| Not reviewed | |
| <input checked="" type="checkbox"/> | 11.4 Paint Filter Test Results |
| Not reviewed | |
| <input type="checkbox"/> | 11.5 Onsite Treatment Documentation |
| <input type="checkbox"/> | 11.6 Other |

12. SPECIAL PERMIT REQUIREMENTS

| | |
|--------------------------|------|
| <input type="checkbox"/> | 12.1 |
| <input type="checkbox"/> | 12.2 |
| <input type="checkbox"/> | 12.3 |

13. OTHER ITEMS

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | 13.1 Notice of Inspections Form Completed and Signed |
| Completed | |
| <input type="checkbox"/> | 13.2 |
| <input type="checkbox"/> | 13.3 |
| <input type="checkbox"/> | 13.4 |
| <input type="checkbox"/> | 13.5 |

DSHW Inspector Signature: 

DSHW Inspector Name: Rob Powers Date: 9/29/14

MOAB CLASS IV LANDFILL INSPECTION
SEPTEMBER 24, 2014



Looking southeast at the working face



Looking north at the working face



Looking southeast at the working face that has been covered recently



Looking north at the active working face