

# Attachment 3 - Inspection Forms

## Class I Landfill Landfill Inspection Form

Performed by: \_\_\_\_\_

Date \_\_\_\_\_

	Overall Condition	
Structures And Roads	Satisfactory	Needs Work
1. Buildings		
2. Fences		
3. Gates		
4. Road Leading To Facility		
5. Inside Perimeter Road		

\*Specify Recommended Repairs And Or List Action Taken

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	Overall Condition	
Operations	Satisfactory	Needs Work
Litter And Weed Control		
Excavations		
Daily Cover		
Final Cover		
Waste Piles		
Appliances		
Construction/Demolition		
Tires		
Inert Waste		
Car Bodies		
Yard Waste		
Recyclables/Furniture Storage Area		

Specify Recommended Repairs And/Or List Actions Taken

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Class I Landfill  
Random Load Inspection Record**

INSPECTION INFORMATION	
Inspector's Name:	
Date of Inspection:	
Time of Inspection:	
Facility Name:	
TRANSPORTER INFORMATION	
Company Name:	
Address:	
Phone Number:	
VEHICLE INFORMATION	
Driver's Name:	
Vehicle Type:	
Vehicle License Number:	
Description of Waste:	
OBSERVATIONS AND ACTIONS TAKEN	
Photo Documentation: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Driver's Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

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

\*Driver's signature hereon denotes: His presence during the inspection and does not admit, confirm or identify liability.

Class / Landfill

Date: / / 199

LICENCE No.	NAME	SIGNATURE	RECEIPT	FEE	HOUSEHOLD		CONSTRUCTION		TIRES		METAL	YARD	DEAD ANIMALS	TOTAL TONNAGE
					com	res	com	res	C	T				
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
TOTAL of all columns														

Com = commercial    Res = Residential    C = Car    T = Truck    I = implement    S = Small    M = Medium    L = Large  
 1/4 = .25    1/3 = .33    1/2 = .50    2/3 = .66    Operator: \_\_\_\_\_

# Explosive Gas Monitoring

## Beaver County SSD #5 Class I Landfill Quarterly Sampling

**Gas Sampling Procedures-** *Write Procedures here that are to followed during each sampling event.*

**Gas Monitoring Event-** Day/Month/Year \_\_\_\_\_ Time \_\_\_\_\_ am pm  
Conducted by \_\_\_\_\_

**Weather Conditions-** Wind Direction \_\_\_\_\_ Wind Speed \_\_\_\_\_  
Soil Moisture Conditions \_\_\_\_\_

**Equipment Calibration-** Day/Month/Year \_\_\_\_\_ Time \_\_\_\_\_ am pm  
Conducted by \_\_\_\_\_

Sampling Location	Sample Result (% of LEL)*	Comments

\*Compliance Limits: 25% of the lower explosive limit gases in facility structures  
100% of the lower explosive limit at the property boundary