

**CLEAN HARBORS GRASSY MOUNTAIN, LLC**  
**Grassy Mountain Facility**  
**Inspection Record**

TYPE: **Annual**  
 FORM: **RA01**

Date of Inspection: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

**SITE MONITORING SYSTEM**

EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT		STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS	
			OK	NOT OK			
MONITORING WELLS	Check for proper operation of the pumps when sampled						
	Check for insect infestation of casing on all wells below.						
1	15	28	41		54	74	P1
2	16	29A	42		55	75	P3
4	17	30A	43		56	76	P3A,B,C
5	18A	31	44		57	77	P4
6	19A	32A	45		58A	78A	PXY
7	20	33	46		59	79A	P4A,B,C
8	21	34	47		60	80	P5
9	22	35	48		67	81	P6
10	23	36	49		68	82	P7
11	24	37A	50		70	83	P8
12	25	38A	51		71	84	
13	26	39	52		72	85	
14	27A	40A	53		73	86	

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

**CLEAN HARBORS GRASSY MOUNTAIN, LLC**  
**Grassy Mountain Facility**  
**Inspection Record**

Date of Inspection: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM PAGE \_\_ OF \_\_

**SURFACE IMPOUNDMENT SYSTEM**

EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
SURFACE IMPOUNDMENT A:	Check for three feet (3') freeboard				
	Check loading / unloading areas for evidence of spills				
SURFACE IMPOUNDMENT B:	Check for three feet (3') freeboard				
	Check loading / unloading areas for evidence of spills				

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

COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):

IF STATUS NOT OK, MARK THE FOLLOWING

ENVIRONMENTAL DEPARTMENT CONTACTED: ( ) YES ( ) NO

REMEDIAL WORK ORDER ISSUED: ( ) YES WORK ORDER # \_\_\_\_\_ ( ) NO

**CLEAN HARBORS GRASSY MOUNTAIN, LLC**

TYPE: **Weekly**

**Grassy Mountain Facility**

FORM: **RW03**

**Inspection Record**

Date of Inspection: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM PAGE 1 OF 1

**SURFACE IMPOUNDMENT SYSTEM**

EQUIPMENT / STRUCTURE / ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
SURFACE IMPOUNDMENTS:	Visually check synthetic liner, where exposed, for cracks, tears and signs of deterioration.				
	Check leak detection riser for secure caps				
SURFACE IMPOUNDMENT DIKES:	Visually check for vegetation that could be damaging				
	Visually Check for burrowing animals				
	Visually check for evidence of erosion, leaks and deterioration				
	Visually check run-on / run-off ditches and drains for deterioration, improper operation or erosion				
SURFACE IMPOUNDMENTS:	Check for the presence of leachate in and the proper functioning of the detection system				

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

COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):

  
  
  
  
  

IF STATUS NOT OK, MARK THE FOLLOWING

ENVIRONMENTAL DEPARTMENT CONTACTED: ( ) YES ( ) NO

REMEDIAL WORK ORDER ISSUED: ( ) YES WORK ORDER # \_\_\_\_\_ ( ) NO

**CLEAN HARBORS GRASSY MOUNTAIN, LLC**  
**Grassy Mountain Facility**  
**Inspection Record**

Record the water column height for each 'A' leachate riser as required.

<b>CELL 8</b>	<b>Date:</b>
<b>Location</b>	<b>" H2O</b>
NEA	
NWA	
SWA	
SEA	

<b>CELL 9</b>	<b>Date:</b>
<b>Location</b>	<b>" H2O</b>
NEA	
NWA	
SWA	
SEA	

<b>CELL 10</b>	<b>Date:</b>
<b>Location</b>	<b>" H2O</b>
NEA	
NWA	
SWA	
SEA	

<b>CELL 11</b>	<b>Date:</b>
<b>Location</b>	<b>" H2O</b>
NEA	
NWA	
SWA	
SEA	

<b>CELL 12</b>	<b>Date:</b>
<b>Location</b>	<b>" H2O</b>
NEA	
NWA	
SWA	
SEA	

<b>CELL 13</b>	<b>Date:</b>
<b>Location</b>	<b>" H2O</b>
NEA	
NWA	
SWA	
SEA	

Inspector: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**CLEAN HARBORS GRASSY MOUNTAIN, LLC**  
**Grassy Mountain Facility**  
**Inspection Record**

TYPE: **Weekly**  
 FORM: **RW09**

Date of Inspection: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

**SITE MONITORING SYSTEM**

EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT		STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS	
			OK	NOT OK			
MONITORING WELLS:	Check wells for damage to casing and security of the covers.						
	Check for evidence of tampering with the lock or cap.						
	Check for well visibility and accessibility to personnel.						
1	15	28	41		54	74	P1
2	16	29A	42		55	75	P3
4	17	30A	43		56	76	P3A,B,C
5	18A	31	44		57	77	P4
6	19A	32A	45		58A	78	PXY
7	20	33	46		59	79	P4A,B,C
8	21	34	47		60	80	P5
9	22	35	48		67	81	P6
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12	25	38A	51		71	84	
13	26	39	52		72	85	
14	27A	40A	53		73	86	

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

COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):

  
  
  

IF STATUS NOT OK, MARK THE FOLLOWING

ENVIRONMENTAL DEPARTMENT CONTACTED: ( ) YES ( ) NO

REMEDIAL WORK ORDER ISSUED: ( ) YES WORK ORDER # \_\_\_\_\_ ( ) NO