# ATTACHMENT II-3: SITE INSPECTION PLAN

# TABLE OF CONTENTS

## 1.0 PURPOSE

The inspection program is designed to assure protection of human health and the environment in areas that are subject to the Resource Conservation and Recovery Act (RCRA), and the portions of the facility that are subject to the Toxic Substances Control Act (TSCA). These include the PCB Tank Farm, Drain and Flush Building Warehouse One (DFBWO), PCB Storage Building and their ancillary equipment and piping. The program consists of routine inspection of permitted units, and includes such as containers, container storage units, , tanks, and container storage facilities, surface impoundments, hazardous waste landfill cells, and groundwater monitoring wells and hazardous waste landfills. Inspections are conducted in accordance with the schedule provided in this plan. The inspection identifies the compliance status of a unit, equipment, or containment structure. Deficiencies documented during inspections will be subject to the procedures of Section IV of this plan. Inspections of PCB areas are addressed in Module X (Waste Management Plan of PCBs) of the Permit.

## 2.0 SCOPE

Clean Harbors Grassy Mountain's (CHGM) The facility's General Manager shall be ultimately responsible for the implementation of the inspection program. The General Manager can delegate this responsibility to other facility management personnel. Personnel conducting inspections (the Inspector) shall perform, at a minimum, the required inspections in accordance with the Section V. CHGM Inspection Schedulef Frequency sSchedule and document the inspection findings. When iInspectors document unacceptable conditions, they useing the Clean Harbors internal corporate WinWeb system, the system automatically issues a Workticket. For unacceptable conditions they find found during the inspections, the Inspector shall issue a "Remedial Work Order" (RWO) when the condition or deficiency cannot be corrected within 24 hours of identifying the deficient condition. personnel will issue a Workticket through issue An iInspector shall perform a re-inspection to verify the correction or repair. If the inspection parameter cannot be corrected within 72 hours, CHGM shall submit a schedule for the repair of the deficiency shall be submitted to the Director of tThe Division of Waste Management and Radiation Control (Director), as per Condition II.G.1 (General Inspection Requirements).

Inspectors shall possess the necessary qualifications and shall be trained to enable them to perform their duties according to the requirements of the Rules (Utah Administrative Code R315). SeeRefer to the Personnel Training Plan (Attachment II-4 Personnel Training Plan).

## 3.0 INSPECTION DOCUMENTATION

Inspections shall be performed, at a minimum, according to the frequency specified in the Inspection Schedule per Condition II-G and, Section V table below. The schedule outlines the minimum number of required inspection items and events which assesses the condition of the units, equipment and storage building, or area inspected. At the discretion of the iInspector, or if so directed by CHGMby facility management, the frequency of any inspection type (i.e., daily, weekly, monthly, annually) can be increased. The frequency can never be decreased from the approved schedule listed in the permit unless approved by the Director.

Inspection Forms shall be used for inspection documentation. Inspection forms can consist of written hardcopy or equivalent electronic format. Electronic inspection data must be available to

the Director's~~Division~~ representatives in hardcopy or another compatible format upon request. An Inspection Form (see Appendix I) shall document the date, time of inspection, name of the i~~I~~nspector, the status of each inspected item, the reason for each "not ok" status checked, and either the date corrective action was taken, along with the initials or name of the person making the determination or reference a ~~Remedial Work Order (RWO)~~Workticket.

For the convenience of the i~~I~~nspectors, CHGM can include certain non-RCRA inspection items ~~can be included~~ on the Inspection Forms. Such items can be added or deleted at CHGM~~the facility~~'s discretion. Non-RCRA inspection items shall be identified as such on the form.

CHGM shall incorporate a~~A~~ll RCRA Inspection Forms and associated documents (i.e., Worktickets~~RWO's~~, survey notes, test results) ~~shall be incorporated~~ into CHGM's~~the facility's~~ Operating Record. CHGM shall maintain t~~T~~hese records ~~shall be maintained by~~at CHGM~~the facility~~ in a readily available location ~~and maintained~~ for a minimum of three (3) years from the applicable record's inspection date.

## 4.0 ~~FOLLOWING INSPECTION~~DOCUMENTATION PROCEDURES ~~SHALL BE FOLLOWED:~~

1. The inspector will complete~~F~~f~~ill in~~ all the appropriate blanks on the form (e.g., date, time, etc.).
2. The inspector will ~~P~~print and sign their~~your~~ name if using~~in~~written a hardcopy format. Inspectors will be identified by their login identifications if using ~~E~~electronic forms ~~will be identified by computer user login identifications~~.
3. The inspector will conduct inspections at the ~~Inspect the items as indicated by the~~frequency ~~as~~ outlined in the schedule.
4. If the inspection~~If inspection~~ item is "OK," the inspector will indicate it by ~~indicate by~~ marking the appropriate ~~marking next to the item in the appropriate~~ column.
5. If the inspection item is "NOT OK," the inspector will indicate it by~~indicate by~~ marking ~~next to the item in~~ the appropriate column and describe~~e~~ing the problem in the adjacent column. For electronic inspections, the inspector will select the appropriate reason for failure and include any necessary comments. The WINWeb system will automatically create a~~A~~ Workticket. ~~will be automatically created by the WINWeb System. For items that are corrected within 24 hours, the person verifying that the item was corrected will write the correction date and initial sign their initials on the inspection form the date it was corrected and his/her initials.~~

~~6.~~

~~7. For items that cannot be promptly corrected (e.g., within 24 hours), complete a Remedial Work Order (RWO) and submit to management and indicate on the inspection form that a RWO was written and the number of the RWO.~~

~~8.~~6. When a Workticket failure ~~RWO problem~~ is resolved, the inspector will describe the solution ~~on the RWO form, initial and note the date that remedial action was taken~~ in the Note section and close the Workticket in WIN~~in~~Web.

## 5.0 CHGM~~GRASSY MOUNTAIN FACILITY~~: INSPECTION SCHEDULE

| SITE PERIMETER | INSPECTION ELEMENT: DAILY |
|---|---|
| SECURITY GATE: (RD01) | Check guard visitor log for current entry |
| SECURITY LIGHTING: (RD01) | Check operability of facility interior lighting in waste management areas |
| SECURITY FENCE: (RD01) | Inspect for integrity, breaks, or damage |
| | Check for erosion which would allow for unauthorized entry |
| | Check gates for proper function |
| | Check for presence of warning signs at proper intervals (120 feet or less) and at all gates |
| | Inspect signs for deterioration (fading, damage, etc.) |
| **SITE PERIMETER** | **INSPECTION ELEMENT: WEEKLY** |
| PERIMETER RUN-OFF DIKES: (RW01) | Check for evidence of erosion, severe settling, signs of burrowing animals or deterioration |
| **SAFETY/EMERGENCY EQUIPMENT** | **INSPECTION ELEMENT: DAILY** |
| EMERGENCY RESPONSE TRAILER: (RD04) | Check security tag. If tag is broken or missing, check inventory for presence of all listed equipment |
| COMMUNICATION EQUIPMENT: (RD04) | Check telephone system to ensure connection and operation of outside line |
| | Check telephone system for "all page" |
| | Check Citizens Band Radio |
| | Check hand-held and base station radio |
| WINDSOCK: (RD04) | Check for presence and condition |
| **SAFETY/EMERGENCY EQUIPMENT** | **INSPECTION ELEMENT: WEEKLY** |
| SELF-CONTAINED BREATHINGAPPARATUS: (RW05) | Check for air pressure at least seventy-five percent (75%) |
| | Check unit for deterioration or damage |
| OVERPACKS AND ABSORBENTSUPPLY: (RW05) | Check for a minimum of two (2) empty, overpack drums |
| | Check for stabilization or solidification agent supply |
| EMERGENCY SIREN: (RW0~~O~~5) | Operate siren for ten to twenty (10-20) seconds |
| FIRE FIGHTING WATER SUPPLY: (RW02) | Check storage tanks (5 ea.) for at least ninety percent (90%) capacity |

| | |
|---|---|
| FIRE HYDRANTS / HOSES: (RW02) | Check for adequate ~~access~~access.<br>Start pump, pressurize lines, and open hydrant valves to ensure operational status |
| | Check for damage or deterioration |
| EYEWASH / SHOWERS: (RW02-OPS/LAB) (in lab and operations areas) (see Attachment II-6, Table 4-2) | Check operational status |
| | Check for damage or deterioration |
| **SAFETY/EMERGENCY EQUIPMENT** | **INSPECTION ELEMENT: MONTHLY** |
| FIRE EXTINGUISHERS (RM01) (see Attachment II-6, Table 4-1) | Inspect tags for expiration dates |
| | Inspect pressure gauges for adequate pressure |
| EMERGENCY GENERATOR (RM01) (Admin and Ops) | Start and operate to ensure functional status |
| FIRST AID KITS (RM01) | Inspect to ensure adequate inventory of contents |
| **SAFETY/EMERGENCY** | **INSPECTION ELEMENT: QUARTERLY** |
| CONTINGENCY PLAN DRILL (RQ01) | Conduct a simulation of one of the contingency plan emergency situations. |
| **SAFETY/EMERGENCY EQUIPMENT** | **INSPECTION ELEMENT: SEMI-ANNUALLY** |
| FIREFIGHTING WATER SUPPLY SYSTEM: (RS01) | Start pump, pressurize lines, and open hydrant valves to ensure operational status |
| | Unroll and pressurize firehoses and check for deterioration |
| | Check firefighting nozzles |
| **CONTAINER MANAGEMENT UNIT** | **INSPECTION ELEMENT: DAILY (WHEN DRUM DOCK IS STAFFED)** |
| DRUM DOCK AND PADS: (RD05) | Document the number of containers - ensure that the maximum is not exceeded~~Maximum container inventory in each area and record number~~ |
| | Check for correct aisle space |
| | Check for "inspection aisles" |
| | Check dock loading/unloading area and pad(s) for evidence of spills |
| | Visually evaluate containers for leaks, severe corrosion or deterioration, record load number(s) if appropriate |
| | Check for labels on all containers |

| | |
|---|---|
| DRUM DOCK AND PADS: (RD06) | Check drum dock and pads to ensure incompatible wastes are segregated |
| | Check each container closure seals (bung, lid sealing ring, if appropriate) |
| | Check sumps for liquids |
| | Check for transfer loads nearing nine (9) days (10 day maximum) |
| PCB Storage Building | (See Module X) |
| **BULK CONTAINER STORAGE** | **INSPECTION ELEMENT: DAILY** |
| RD07 | Document the number of containers - ensure that the maximum is not exceeded~~Maximum container inventory and record number in each area~~ |
| | Check for leaking containers |
| | Check for load labels and arrival date nearing 1 year~~90 days~~ (bulk containers are permitted for 1 year storage) |
| | Check containers for secure lids / tarps in good condition and secure |
| | Check areas for discoloration, debris |
| | Check daily inventory for accuracy and location of containers |
| **CONTAINER MANAGEMENT UNIT** | **INSPECTION ELEMENT: WEEKLY** |
| DRUM DOCK AND PADS: (RW04) | Check base and berm for cracks, gaps, flaking, chips, and gouges |
| | Check roof for leaks, tears, or deterioration |
| | Verify container inventory for accuracy. |
| | Check for drum stabilization in designated area(s) |
| ~~CONTAINER MANAGEMENT UNIT~~ | ~~INSPECTION ELEMENT: WEEKLY – 264 174 MONTHLY~~ |
| DRUM DOCK SECONDARY CONTAINMENT: (R~~M~~W0~~42~~) | Inspect secondary containment (including sumps) for cracks, gaps, and clean |
| ~~CONTAINER MANAGEMENT UNIT~~ | ~~INSPECTION ELEMENT: ANNUALLY~~ |

| SITE MONITORING SYSTEMS | INSPECTION ELEMENT: DAILY |
|---|---|
| MONITORING WELLS & PIEZOMETERS OUTSIDE THE SITE SECURITY FENCE: (RD02) | Check wells for damage to casing and cover security |
| | Check for evidence of tampering with lock or cap |
| | Check for well visibility and accessible to personnel |
| METEOROLOGICAL~~METERORO LOGICAL~~ STATION: (RD03) | Check for proper operation of all instruments and recording devices. |
| | Check for presence of the data logbook. |
| **SITE MONITORING SYSTEMS** | **INSPECTION ELEMENT: WEEKLY** |
| MONITORING WELLS and PIEZOMETERS INSIDE THE SITE SECURITY FENCE: (RW09) | Check wells for damage to casing and cover security |
| | Check for evidence of tampering with lock or cap |
| | Check for well visibility and accessible to personnel |
| **SITE MONITORING SYSTEMS** | **INSPECTION ELEMENT: ANNUAL** |
| MONITORING WELLS: (RA01) | Check for proper operation of pumps |
| | Check for insect infestation of casing |
| **SURFACE IMPOUNDMENTS** | **INSPECTION ELEMENT: DAILY** |
| RD08 | Check for three feet (3') freeboard |
| | Check loading/unloading areas for evidence of spills |
| **SURFACE IMPOUNDMENTS** | **INSPECTION ELEMENT: WEEKLY ~~(and after storms)~~** |
| RW03 | Visually inspect dikes for:<br>1. Vegetation that could be damaging<br>2. Burrowing animals<br>3. Evidence of erosion, leaks, or deterioration |
| | Inspect dikes run-on/run-off ditches and drains for deterioration, improper operations, or erosion |
| | Inspect synthetic liners where exposed for cracks, tears, and signs of deterioration |
| | Check leachate collection risers for secure caps and check for the presence of leachate in and the proper functioning of the detection system. |

| | |
|---|---|
| **LANDFILL SYSTEMS** | **INSPECTION ELEMENT: DAILY** |
| ALL CELLS: (RD13) | Visually inspect for free-standing liquids |
| | Check for evidence of wind dispersal of waste |
| **LANDFILL SYSTEMS** | **INSPECTION ELEMENT: WEEKLY ~~(and after storms)~~** |
| ALL CELLS:<br>LEACHATE: (RW06) | Check for secure caps, for the presence of leachate and the proper functioning of the leak detection system. |
| RW06 ADDEN | Record the water column height for each "A" leachate riser weekly. |
| RCRA CELLS: (RW07) | Inspect synthetic liners where exposed for cracks, tears, and signs of deterioration |
| | Check cell for 12 inches (12") freeboard |
| | Visually inspect berms for:<br>1. Vegetation that could be damaging<br>2. Burrowing animals<br>3. Evidence of erosion, leaks, or deterioration |
| | Inspect run-on/run-off ditches and drains for deterioration, improper operations, or erosion |
| CLOSED CELLS: (RW07) | Check for erosion, settling and subsidence |
| **WHEEL WASH SYSTEMS** | **INSPECTION ELEMENT: QUARTERLY** |
| WHEEL WASH CONTAINMENT: (RQ02) | Inspect secondary containment (including sumps) for cracks, gaps, and clean |
| ~~CLOSED CELLS: (RW07)~~ | ~~Check for erosion, settling and subsidence~~ |
| **TANK SYSTEMS** | **INSPECTION ELEMENT: DAILY** |
| | (Tank systems tagged as "Out-of-Service" inactive~~,~~ may be omitted. The "Out-of-Service" date shall be documented in the Operating Record) |
| LEACHATE STORAGE: (RD11) | Check the following for proper operation: |
| | 1. Manual operating valves |
| | 2. High level alarms<br>▪ power source<br>▪ operating mechanisms<br>▪ protective overlays<br>▪ sounding mechanism |
| | 3. Check valve, piping, and pumps |
| | 4. Discharge controls |

| | |
|---|---|
| LEACHATE SECONDARY CONTAINMENT: (RD11) | Check for liquid in sump(s) |
| | Inspect area around tank system for evidence of leaking (discoloration, vegetative stress) |
| LEACHATE TANK SYSTEMS: (RD11) | Check liquid level log for entry |
| | Check for evidence of corrosion, deterioration, or leaking (ancillary equipment) |
| **ALL TANK SYSTEMS** | **INSPECTION ELEMENT: DAILY** |
| ALL SECONDARY CONTAINMENT: (RD11), | Check for cracks in the cement |
| | Check for liquid in sump(s) |
| **TANK SYSTEMS** | **INSPECTION ELEMENT: ANNUAL** |
| All tanks | Tank Certification (Condition IV.G.3) |
| **STABILIZATION TANK SYSTEMS** | **INSPECTION ELEMENT: DAILY** |
| SECONDARY CONTAINMENT (RD10) | Check for liquid |
| | Check area around tank system for evidence of leaking (discoloration, etc.) |
| | Check for evidence of corrosion, deterioration, or leaking (ancillary equipment) |
| **MISCELLANEOUS** | **INSPECTION ELEMENT: DAILY** |
| TRANSFER AREA: (RD09) | Check tank unloading areas for evidence of spills |
| WHEEL WASH AREA: (RD09) | Check for evidence of spills and discoloration |
| SAMPLING AREA: (RD09) | Check for evidence of spills and discoloration |
| **MISCELLANEOUS** | **INSPECTION ELEMENT: RAIN EVENT** |
| PERIMETER RUN-OFF BERMS: (RAIN-1) | Check for evidence of erosion, severe settling, and signs of burrowing animals or deterioration |
| CELLS: (RAIN-1) | Check for erosion, settling and subsidence |
| **CONSTRUCTION INSPECTION SCHEDULE** | As determined by CQA Plan (Attachment VI-2). |

| DRAIN & FLUSH BUILDING WAREHOUSE ONE | INSPECTION ELEMENT: DAILY (WHEN AREA IS STAFFED) |
|---|---|
| A1, A2/A4, A3 (See Attachment X-6: Inspection Forms - -TD02) | Check for correct aisle space |
| | Check area for evidence of spills |
| | Visually evaluate containers for leaks, severe corrosion, or deterioration. |
| | Record load number(s) if appropriate. |
| | Check each container's closure seals for tightness (bung, lid sealing ring) |
| | Check sumps for liquids |
| | **INSPECTION ELEMENT: WEEKLY** |
| A1, A2/A4, A3 (See Attachment X-6: Inspection Forms ~~Module X Inspection~~ - TW01) | Check base, berms, and ramps for cracks, gaps, flaking, chips, and gouges |
| | Check roof for leaks, tears, or deterioration |
| | Verify container inventory for accuracy |
| | **INSPECTION ELEMENT: MONTHLY** |
| A1, A2/A4, A3 (See Attachment X-6: Inspection Forms~~Module X Inspection~~ - TM01) | Inspect secondary containment (including base, berms, sumps, and ramps) for cracks, gaps, and clean if needed |
| | **INSPECTION ELEMENT: ANNUAL** |
| | To include all inspection elements |

# APPENDIX I: INSPECTION FORMS

GM - RCRA Site Perimeter Form RD01 (Daily)

Form Code: 539

| Compliance Header | |
|---|---|
| Inspector Name | |
| Area of Inspection | |
| Inspection Date and Time | |
| **Security Gate** | |
| Check visitor log for current entry | |
| **Security Lighting** | |
| Check operability of facility interior lighting in waste management areas | |
| **Security Fence** | |
| Inspect for integrity, breaks or damage | |
| Check for erosion which would allow unauthorized entry | |
| Check gates for proper function | |
| Check for presence of warning signs at proper intervals (120 feet or less) and at all gates | |
| Inspect signs for deterioration (fading, damage, etc.) | |
| **Compliance Footer** | |
| Inspector Signature | |
| Attach Photo | |
| Inspection Overall Assessment | |

GM - RCRA Site Perimeter Form RW01 (Weekly)

Form Code: 560

| Compliance Header | |
|---|---|
| Inspector Name | |
| Area of Inspection | |
| Inspection Date and Time | |
| **Perimeter run-off dikes** | |
| Check for evidence of erosion, severe settling and signs of burrowing animals or deterioration | |
| **Compliance Footer** | |
| Inspector Signature | |
| Attach Photo | |
| Inspection Overall Assessment | |

GM - RCRA Safety/Emergency Equipment Form RD04 (Daily)

Form Code: 544

| | |
|---|---|
| **Compliance Header** | |
| Inspector Name | |
| Area of Inspection | |
| Inspection Date and Time | |
| **Emergency Response Trailer** | |
| Check security tag. If tag is broken or missing, check inventory for presence of all listed equipment | |
| **Communication System** | |
| Check telephone system to ensure connection and operation of outside line | |
| Check telephone system for "all page." | |
| Check citizens band radio | |
| Check hand-held and base station radio | |
| **Wind Sock** | |
| Check for presence | |
| **Compliance Footer** | |
| Inspector Signature | |
| Attach Photo | |
| Inspection Overall Assessment | |

GM - RCRA Safety and Emergency Equipment Form RW05 (Weekly)

Form Code: 566

| Compliance Header | |
|---|---|
| Inspector Name | |
| Area of Inspection | |
| Inspection Date and Time | |
| **Self contained Breathing Apparatus (SCBA)** | |
| Check for air pressure at least seventy five (75%) percent | |
| Check unit for damage or deterioration | |
| **Overpacks and Absorbent Supply** | |
| Check for a minimum of two (2) empty, overpack drums | |
| Check for stabilization or solidification agent supply | |
| **Emergency Siren** | |
| Operate siren for ten to twenty (10-20) seconds | |
| **Compliance Footer** | |
| Inspector Signature | |
| Attach Photo | |
| Inspection Overall Assessment | |

Gm - RCRA Safety and Emergency Equipment Form RW02 (Weekly)

Form Code: 561

| Compliance Header | |
|---|---|
| Inspector Name | |
| Area of Inspection | |
| Inspection Date and Time | |
| **Fire Fighting Water** | |
| Check storage tanks (5 ea.) level. It should be atleast ninrty percent (90%) of the tank capacity | |
| **Fire Hydrants and Hoses** | |
| Check for adequate access | |
| Start pump, pressurize lines and open hydrant valves to ensure operational status | |
| Check for damage or deterioration | |
| **Compliance Footer** | |
| Inspector Signature | |
| Attach Photo | |
| Inspection Overall Assessment | |

GM - RCRA Safety and Emergency Equipment Form RW02-LAB (Weekly)

Form Code: 3867

| | |
|---|---|
| Compliance Header | |
| Inspector Name | |
| Area of Inspection | |
| Inspection Date and Time | |
| Eye Wash and Safety Showers (see attachmentII-6, tables 4-2) Laboratory (Lab Sampling) | |
| Check operational Status | |
| Check for damage or deterioration | |
| Compliance Footer | |
| Inspector Signature | |
| Attach Photo | |
| Inspection Overall Assessment | |

GM - RCRA Safety and Emergency Equipment Form RW02-OPS (Weekly)

Form Code: 3866

| Compliance Header | |
|---|---|
| Inspector Name | |
| Area of Inspection | |
| Inspection Date and Time | |
| **Eyewash and Safety Showers (see attachment II-6, tables 4-2) OPERATIONS** | |
| Check operational status | |
| Check for damage or deterioration | |
| **Compliance Footer** | |
| Inspector Signature | |
| Attach Photo | |
| Inspection Overall Assessment | |

GM - RCRA Safety and Emergency Equipment Form RM01 (Monthly)

Form Code: 555

| Compliance Header | |
|---|---|
| Inspector Name | |
| Area of Inspection | |
| Inspection Date and Time | |
| **Fire Extinguishers (see attachment II-6, Table 4-1)** | |
| Inspect tags for expiration date | |
| Inspect pressure gauges for adequate pressure | |
| **Emergency Generator (Admin and Ops)** | |
| Start and operate to ensure functional status | |
| **First Aid Kits** | |
| Inspect to ensure adequate inventory of contents | |
| **Compliance Footer** | |
| Inspector Signature | |
| Attach Photo | |
| Inspection Overall Assessment | |

GM - RCRA Contingency Plan Form RQ01 (Annual)

Form Code: 557

| Compliance Header | |
|---|---|
| Inspector Name | |
| Area of Inspection | |
| Inspection Date and Time | |
| **Contingency Plan Drills** | |
| Conduct a simulation of one of the contigency plan emergency situations | |
| **Compliance Footer** | |
| Inspector Signature | |
| Attach Photo | |
| Inspection Overall Assessment | |

GM - RCRA Safety and Emergency Equipment form RS01 (Semi-annual)

Form Code: 559

| Compliance Header | |
|---|---|
| Inspector Name | |
| Area of Inspection | |
| Inspection Date and Time | |
| **Fire Fighting Water supply System** | |
| Start pump, pressurize lines and open hydrant valves to ensure operational status | |
| Unroll and pressurize fire hoses and check for deterioration | |
| Check firefighting nozzles | |
| **Compliance Footer** | |
| Inspector Signature | |
| Attach Photo | |
| Inspection Overall Assessment | |

GM - RCRA Container Management Form RD05 (Daily)

Form Code: 545

| Compliance Header | |
|---|---|
| Inspector Name | |
| Area of Inspection | |
| Inspection Date and Time | |
| **Drum Dock and Pads Maximum Container Inventory** | |
| Count the number of containers in each area, convert to 55 gallon drum equivalents and compare to the allowed number shown below. Write in the actual counts in the comments for each section. | |
| NP01 580 DM | |
| SP01 620 DM | |
| TD01 342 DM | |
| TD02 380 DM | |
| SPAD 380DM | |
| DRUM DOC AND PADS MAXIMUM CONTAINER INVENTORY: 1 DM = 55 GAL (CONSERVATIVE); 1 PALLET = 4 DM; 1 OVERPACK = 2 DM; EACH CONTAINER >OR= 55 GAL = 1 DM, OR 30-55 GAL = 1DM, 10-30 GAL = 1/2 GM, <OR= 10 GAL = 0.2 DM. | |
| **Drum Dock and Pads** | |
| Check for correct aisle space | |
| Check dock loading/unloading area and pad(s) for evidence of spills | |
| Visually evaluate containers for leaks, severe corrosion or deterioration. Record load number(s) if appropriate | |
| Check for labels on all containers | |
| Check for "inspection aisles" | |
| **Compliance Footer** | |
| Inspector Signature | |
| Attach Photo | |
| Inspection Overall Assessment | |

GM - RCRA Container Management Form RD06 (Daily)

Form Code: 546

| Compliance Header | |
|---|---|
| Inspector Name | |
| Area of Inspection | |
| Inspection Date and Time | |
| **Drum Docks and Pads** | |
| Check for correct segregation of incompatible wastes | |
| Check each container closure seals (bung, lid sealing ring, box lid, bag tie, etc., if appropriate) | |
| Check sump for liquids | |
| Check for transfer loads nearing nine (9) days (10 day maximum) | |
| **Compliance Footer** | |
| Inspector Signature | |
| Attach Photo | |
| Inspection Overall Assessment | |

GM - RCRA Bulk Solids Areas Form RD07 (Daily)

Form Code: 547

| Compliance Header | |
|---|---|
| Inspector Name | |
| Area of Inspection | |
| Inspection Date and Time | |
| **Combined Storage Areas (capacity: 2000 cu yds or about 100 - 20 cu yd boxes)** | |
| Count the number of containers in each area | |
| BSSA-E 30-20 yd boxes | |
| BSSA-W 80-20 cu yd boxes | |
| HT-L 14-20 cuyd boxes | |
| Maximum combined total (100-20yd boxes) put total in comment section of this entry | |
| **Combined Storage Areas** | |
| Check for leaking containers | |
| Check for load labels and arrival date nearing 1 year | |
| Check containers for secure lids/tarps in good condition and secure | |
| Check areas for discoloration, debris | |
| Check inventory for accuracy and location of containers | |
| **Compliance Footer** | |
| Inspector Signature | |
| Attach Photo | |
| Inspection Overall Assessment | |

GM - RCRA Container Management Unit Form RW04 (weekly)

Form Code: 564

| Compliance Header | |
|---|---|
| Inspector Name | |
| Area of Inspection | |
| Inspection Date and Time | |
| **Drum Docks and Pads** | |
| Check base of berm for cracks, gaps, flaking, chips, and gouges | |
| Check roof for leaks, tears or deterioration | |
| Verify container inventory for accuracy | |
| Check drum stabilization in designated areas | |
| **Drum Dock Secondary Containment** | |
| Inspect secondary containment (including sumps) for cracks, gaps and cleanliness | |
| **Compliance Footer** | |
| Inspector Signature | |
| Attach Photo | |
| Inspection Overall Assessment | |

GM - Site Monitoring System Form RD02 (daily)

Form Code: 542

| Compliance Header | |
|---|---|
| Inspector Name | |
| Area of Inspection | |
| Inspection Date and Time | |
| **Monitoring Wells/Piezometers Outside Site Security Fence** | |
| Check wells for damage to casing and security of the covers | |
| Check for evidence of tampering with lock or cap | |
| Check for well visibility and accessibility to personnel | |
| Well 1 | |
| Well P7 | |
| Well 8 | |
| Well P8 | |
| Well P1 | |
| Well P3-A | |
| Well P3-B | |
| Well P3-C | |
| Well P3 | |
| Well P4 | |
| Well P5 | |
| Well P6 | |
| **Compliance Footer** | |
| Inspector Signature | |
| Attach Photo | |
| Inspection Overall Assessment | |

GM - RCRA Site Monitoring Systems Form RD03 (Daily)

Form Code: 543

| Compliance Header | |
|---|---|
| Inspector Name | |
| Area of Inspection | |
| Inspection Date and Time | |
| **Meteoological Station** | |
| Check for proper operation of all instruments and recording devices | |
| Check for presence of data log book | |
| **Compliance Footer** | |
| Inspector Signature | |
| Attach Photo | |
| Inspection Overall Assessment | |

GM - RCRA Site monitoring system Form RW09 (weekly)

Form Code: 536

| Compliance Header | |
|---|---|
| Inspector Name | |
| Area of Inspection | |
| Inspection Date and Time | |
| **GM Site Monitoring System Inspection Instructions** | |
| Check wells for damage to casing and security of the covers. Check for evidence of tampering with the lock or cap. Check for well visibilty and accessibility to personnel. | |
| **Monitoring Wells** | |
| Well 2 | |
| Well 4 | |
| Well 6 | |
| Well 7 | |
| Well 9 | |
| Well 10 | |
| Well 11 | |
| Well 12 | |
| Well 13 | |
| Well 14 | |
| Well 15 | |
| Well 16 | |
| Well 17 | |
| Well 18A | |
| Well 19A | |
| Well 20 | |
| Well 21 | |
| Well 22 | |
| Well 23 | |

| | |
|---|---|
| Well 24 | |
| Well 25 | |
| Well 26 | |
| Well 27A | |
| Well 28 | |
| Well 29A | |
| Well 30A | |
| Well 31 | |
| Well 32A | |
| Well 33 | |
| Well 34 | |
| Well 35 | |
| Well 36 | |
| Well 37A | |
| Well 38A | |
| Well 39 | |
| Well 40A | |
| Well 41 | |
| Well 42 | |
| Well 43 | |
| Well 44 | |
| Well 45 | |
| Well 46 | |
| Well 50 | |
| Well 51 | |
| Well 52 | |
| Well 53 | |
| Well 54 | |
| Well 55 | |
| Well 56 | |
| Well 57 | |

| | |
|---|---|
| Well 58A | |
| Well 59 | |
| Well 60 | |
| Well 67 | |
| Well 68 | |
| Well 69 | |
| Well 70 | |
| Well 71 | |
| Well 72 | |
| Well 73 | |
| Well 74 | |
| Well 75 | |
| Well 76 | |
| Well 77 | |
| Well 78A | |
| Well 79A | |
| Well 80 | |
| Well 81 | |
| Well 82 | |
| Well 83 | |
| Well 84 | |
| Well 85 | |
| Well 86 | |
| Well 95 | |
| Well 96 | |
| Well PXY | |
| Well P4A | |
| Well P4B | |
| Well P4C | |
| Compliance Footer | |
| Inspector Signature | |

| | |
|---|---|
| Attach Photo | |
| Inspection Overall Assessment | |

GM - RCRA Site Monitoring System Form RA01 (annual)

Form Code: 573

| Compliance Header | |
|---|---|
| Inspector Name | |
| Area of Inspection | |
| Inspection Date and Time | |
| **Monitoring Wells** | |
| For each well, check for proper operation of the pumps when sampled and check for insect infestation. | |
| Well 1 | |
| Well 2 | |
| Well 4 | |
| Well 6 | |
| Well 7 | |
| Well 8 | |
| Well 9 | |
| Well 10 | |
| Well 11 | |
| Well 12 | |
| Well 13 | |
| Well 14 | |
| Well 15 | |
| Well 16 | |
| Well 17 | |
| Well 18A | |
| Well 19A | |
| Well 20 | |
| Well 21 | |
| Well 22 | |

| | |
|---|---|
| Well 23 | |
| Well 24 | |
| Well 25 | |
| Well 26 | |
| Well 27A | |
| Well 28 | |
| Well 29A | |
| Well 30A | |
| Well 31 | |
| Well 32A | |
| Well 33 | |
| Well 34 | |
| Well 35 | |
| Well 36 | |
| Well 37A | |
| Well 38A | |
| Well 39 | |
| Well 40A | |
| Well 41 | |
| Well 42 | |
| Well 43 | |
| Well 44 | |
| Well 45 | |
| Well 46 | |
| Well 50 | |
| Well 51 | |
| Well 52 | |
| Well 53 | |
| Well 54 | |
| Well 55 | |
| Well 56 | |

| | |
|---|---|
| Well 57 | |
| Well 58A | |
| Well 59 | |
| Well 60 | |
| Well 67 | |
| Well 68 | |
| Well 69 | |
| Well 70 | |
| Well 71 | |
| Well 72 | |
| Well 73 | |
| Well 74 | |
| Well 75 | |
| Well 76 | |
| Well 77 | |
| Well 78A | |
| Well 79A | |
| Well 80 | |
| Well 81 | |
| Well 82 | |
| Well 83 | |
| Well 84 | |
| Well 85 | |
| Well 86 | |
| Well 95 | |
| Well 96 | |
| Well P1 | |
| Well P3 | |
| Well P3A | |
| Well P3B | |
| Well P3C | |

| | |
|---|---|
| Well P4 | |
| Well PXY | |
| Well P4A | |
| Well P4B | |
| Well P4C | |
| Well P5 | |
| Well P6 | |
| Well P7 | |
| Well P8 | |
| Compliance Footer | |
| Inspector Signature | |
| Attach Photo | |
| Inspection Overall Assessment | |

GM - RCRA Surface Impoundment System Form RD08 (Daily)

Form Code: 548

| Compliance Header | |
|---|---|
| Inspector Name | |
| Area of Inspection | |
| Inspection Date and Time | |
| **Surface Impoundment A** | |
| Check for three (3) feet freeboard | |
| Check loading/unloading areas for evidence of spills | |
| **Surface Impoundment B** | |
| Check for three (3) feet freeboard | |
| Check loading/unloading areas for evidence of spills | |
| **Compliance Footer** | |
| Inspector Signature | |
| Attach Photo | |
| Inspection Overall Assessment | |

GM - RCRA Surface Impoundment System Form RW03 (Weekly)

Form Code: 562

| | |
|---|---|
| **Compliance Header** | |
| Inspector Name | |
| Area of Inspection | |
| Inspection Date and Time | |
| **Surface Impoundment** | |
| Visually check synthetic liner, where exposed, for cracks, tears and signs of deterioration | |
| Check the 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 | |
| Visualy check run-on and 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 | |
| **Compliance Footer** | |
| Inspector Signature | |
| Attach Photo | |
| Inspection Overall Assessment | |

GM - RCRA Landfill Systems Form RD13 (Daily)

Form Code: 554

| Compliance Header | |
|---|---|
| Inspector Name | |
| Area of Inspection | |
| Inspection Date and Time | |
| **All Operational Cells** | |
| Visually check for free standing liquids | |
| Check for evidence of wind dispersal of waste | |
| **Compliance Footer** | |
| Inspector Signature | |
| Attach Photo | |
| Inspection Overall Assessment | |

GM - RCRA Landfill Systems Form RW06 (Weekly)

Form Code: 569

| Compliance Header | |
|---|---|
| Inspector Name | |
| Area of Inspection | |
| Inspection Date and Time | |
| **All Cells: Leachate, All Risers** | |
| Check for secure caps, for the presence of leachate and the proper functioning of the leak detection system. | |
| **Compliance Footer** | |
| Inspector Signature | |
| Attach Photo | |
| Inspection Overall Assessment | |

GM - RCRA Landfill Systems Form RW06 (Adden)(weekly)

Form Code: 570

| Compliance Header | |
|---|---|
| Inspector Name | |
| Area of Inspection | |
| Inspection Date and Time | |
| **Recorded Water Column Height for Each 'A" Leachate Riser** | |
| Cell 1 Center | |
| Cell 2 NWA | |
| Cell 2 SWA | |
| Cell 2 SW2A | |
| Cell 2 SEA | |
| Cell 2 NEA | |
| Cell 3 SWA | |
| Cell 3 SEA | |
| Cell 3 NWA | |
| Cell 3 NEA | |
| Cell 3 WA | |
| Cell 3 EA | |
| Cell 4 SEA(A) | |
| Cell 4 SEB(A) | |
| Cell 4 SWB(A) | |
| Cell 4 SWA(A) | |
| Cell 4 NWA(A) | |
| Cell 4 NWB(A) | |
| Cell 4 NEB(A) | |
| Cell 4 NEA(A) | |
| Cell 5 NEA | |
| Cell 5 NWA | |

| | |
|---|---|
| Cell 5 SWA | |
| Cell 5 SEA | |
| Cell B6 NEA(A) | |
| Cell B6 NEB(A) | |
| Cell B6 NWA(A) | |
| Cell B6 NWB(A) | |
| Cell B6 SEA(A) | |
| Cell B6 SEB(A) | |
| Cell B6 SWA(A) | |
| Cell B6 SWB(A) | |
| Cell 7 SWA | |
| Cell 7 NWA | |
| Cell 7 NEA | |
| Cell 7 SEA | |
| IWC1 NW | |
| IWC 1 SW | |
| IWC 2 NW | |
| IWC 2 SW | |
| Cell 8 NEA | |
| Cell 8 NWA | |
| Cell 8 SWA | |
| Cell 8 SEA | |
| Compliance Footer | |
| Inspector Signature | |
| Attach Photo | |
| Inspection Overall Assessment | |

GM - RCRA Wheel Wash Form RQ02 (Quarterly)

Form Code: 558

| Compliance Header | |
|---|---|
| Inspector Name | |
| Area of Inspection | |
| Inspection Date and Time | |
| **Wheel Wash Containment** | |
| Inspect secondary containment (including sumps) for cracks, gaps, and clean (All wheel wash facilities) | |
| **Compliance Footer** | |
| Inspector Signature | |
| Attach Photo | |
| Inspection Overall Assessment | |

GM - RCRA Landfill Systems Form RW07 (Weekly)

Form Code: 571

| Compliance Header | |
|---|---|
| Inspector Name | |
| Area of Inspection | |
| Inspection Date and Time | |
| **All Cells** | |
| Check exposed portions of synthetic liners cracks, tears and signs of deterioration | |
| Check cell for a minimum of Twelve (12) inches of freeboard | |
| **RCRA Cell Berms** | |
| Visually check for vegetation that could be damaging | |
| Visually check for burrowing animals | |
| Visuallly check for evidence of erosion, leaks or deterioration | |
| Visually check run-on and run-off ditched and drains for deterioration, improper operation or erosion | |
| **Closed Cells** | |
| Check for erosion, settling and subsidence | |
| **Compliance Footer** | |
| Inspector Signature | |
| Attach Photo | |
| Inspection Overall Assessment | |

GM - RCRA Leachate Storage Tank System Form RD11 (Daily)

Form Code: 553

| | |
|---|---|
| **Compliance Header** | |
| Inspector Name | |
| Area of Inspection | |
| Inspection Date and Time | |
| **Leachate Storage Tank System** | |
| Manual operating valves | |
| High level alarms (power source, operating mechanisms, protective overlays, sounding mechanism) | |
| Check valve, piping and pumps | |
| Discharge controls | |
| **Leachate Tanks Secondary Containment** | |
| Check for liquid in sumps | |
| Check area around tank system for evidence of leaking (discoloration, vegetative stress) | |
| Check for cracks in cement | |
| **Leachate Tank Systems** | |
| Check for liquid level log for entry | |
| Check for evidence of corrosion, deterioration, or leaking (ancillary equipment) | |
| **Compliance Footer** | |
| Inspector Signature | |
| Attach Photo | |
| Inspection Overall Assessment | |

GM - RCRA Stabilization Tanks Systems Form RD10 (Daily)

Form Code: 552

| Compliance Header | |
|---|---|
| Inspector Name | |
| Area of Inspection | |
| Inspection Date and Time | |
| **Secondary Containment for Tanks** | |
| Check for Liquid | |
| Inspect area around tank system for evidence of leaking (discoloration) | |
| Check for evidence of corrosion, deterioration, or leaking (ancillary equipment) | |
| **Compliance Footer** | |
| Inspector Signature | |
| Attach Photo | |
| Inspection Overall Assessment | |

GM - RCRA Miscellaneous Form RD09 (Daily)

Form Code: 549

| Compliance Header | |
|---|---|
| Inspector Name | |
| Area of Inspection | |
| Inspection Date and Time | |
| **Transfer Area** | |
| Check tank unloading areas for evidence of spills | |
| **Wheel Wash Area** | |
| Check for evidence of spill or discoloration | |
| **Sampling Area** | |
| Check for evidence of spills or discoloration | |
| **Compliance Footer** | |
| Inspector Signature | |
| Attach Photo | |
| Inspection Overall Assessment | |

GM - RCRA Rain Event Form Rain-1 (Rain Event)

Form Code: 538

| | |
|---|---|
| Compliance Header | |
| Inspector Name | |
| Area of Inspection | |
| Inspection Date and Time | |
| Site Perimeter Run-off Berms: within 24 hours of rain event (> or equal to 0.5 inches in 24 hours) | |
| Check for evidence of erosion, severe settling, and signs of burrowing animals or deterioration | |
| Cells: within 24 hours of rain event (> or equal to 0.5 inches in 24 hours) | |
| Check for erosion, settling and subsidence | |
| Compliance Footer | |
| Inspector Signature | |
| Attach Photo | |
| Inspection Overall Assessment | |