

ATTACHMENT IX-B

Post Closure Inspection Forms

CLEAN HARBORS GRASSY MOUNTAIN, LLC
Grassy Mountain Facility Inspection Record

Date of Inspection: _____ Time: _____ AM/PM PAGE 1 OF 1
SITE MONITORING SYSTEM

| EQUIPMENT / STRUCTURE/ ITEM | INSPECTION ELEMENT | STATUS | | IF "NOT OK" STATE REASON | DATE & TIME CORRECTED & INITIALS |
|---|--|--------|-----------|-----------------------------|--|
| | | OK | NOT OK | | |
| MONITORING WELLS and PIEZOMETERS OUTSIDE THE SITE SECURITY FENCE: | 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 | 8 | P1 | P3 | P4 | P5 | P6 |
| P7 | P8 | P3-A | P3-B | P3-C | | |

Inspector's Name: _____ Inspector's Signature: _____

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

IF STATUS NOT OK, MARK THE FOLLOWING

CLEAN HARBORS ENVIRONMENTAL DEPARTMENT CONTACTED: () YES () NO

CLEAN HARBORS GRASSY MOUNTAIN, LLC
Grassy Mountain Facility Inspection Record

| Date of Inspection: _____ Time: _____ AM/PM | | PAGE <u>1</u> of <u>1</u> | | | |
|--|--|------------------------------|--------|--------------------------------|--|
| 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. | | | | |
| 2 | 18A | 31 | 44 | 60 | 79 |
| 4 | 19A | 32A | 45 | 67 | 80 |
| 6 | 20 | 33 | 46 | 68 | 81 |
| 7 | 21 | 34 | 50 | 69 | 82 |
| 9 | 22 | 35 | 51 | 70 | 83 |
| 10 | 23 | 36 | 52 | 71 | 84 |
| 11 | 24 | 37A | 53 | 72 | 85 |
| 12 | 25 | 38A | 54 | 73 | 86 |
| 13 | 26 | 39 | 55 | 74 | 95 |
| 14 | 27A | 40A | 56 | 75 | 96 |
| 15 | 28 | 41 | 57 | 76 | |
| 16 | 29A | 42 | 58A | 77 | |
| 17 | 30A | 43 | 59 | 78 | |
| Inspector's Name: _____ | | Inspector's Signature: _____ | | | |
| COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN): | | | | | |
| <p><u>IF STATUS NOT OK, MARK THE FOLLOWING</u></p> <p>CLEAN HARBORS ENVIRONMENTAL DEPARTMENT CONTACTED: () YES () NO</p> | | | | | |

CLEAN HARBORS GRASSY MOUNTAIN, LLC
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Date of Inspection: _____ Time: _____ AM/PM PAGE 1 OF 1
LANDFILL SYSTEMS

| EQUIPMENT / STRUCTURE/ ITEM | INSPECTION ELEMENT | STATUS | | IF "NOT OK" STATE REASON | DATE & TIME CORRECTED & INITIALS |
|--|--|--------|-----------|-----------------------------|--|
| | | OK | NOT OK | | |
| ALL CELLS / LEACHATE ALL RISERS: | Check leachate collection risers for secure caps. | | | | |
| LANDFILL CELLS: | Check for erosion, settling and subsidence | | | | |

Inspector's Name: _____ Inspector's Signature: _____

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

IF STATUS NOT OK, MARK THE FOLLOWING

CLEAN HARBORS ENVIRONMENTAL DEPARTMENT CONTACTED: () YES

() NO

| Date of Inspection: _____ Time: _____ AM/PM | | PAGE <u>1</u> OF <u>1</u> | | | |
|--|--|---------------------------|-----------|-----------------------------|--|
| SITE MONITORING WELLS | | | | | |
| 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 pumps. | | | | |
| | Check for insect infestation of casing. | | | | |
| Inspector's Name: _____ Inspector's Signature: _____ | | | | | |
| COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN): | | | | | |
| DRAFT | | | | | |
| <u>IF STATUS NOT OK, MARK THE FOLLOWING</u> | | | | | |
| CLEAN HARBORS ENVIRONMENTAL DEPARTMENT CONTACTED: () YES () NO | | | | | |

| Date of Inspection: _____ Time: _____ AM/PM | | | | | | PAGE <u>1</u> OF <u>1</u> | |
|--|--|--------|-----------|-----------------------------|--|---------------------------|--|
| LANDFILL SYSTEMS | | | | | | | |
| Per Pumping Schedule in Post-Closure Plan | | | | | | | |
| EQUIPMENT / STRUCTURE/ ITEM | INSPECTION ELEMENT | STATUS | | IF "NOT OK" STATE REASON | DATE & TIME CORRECTED & INITIALS | | |
| | | OK | NOT OK | | | | |
| ALL CELLS: LEACHATE, ALL RISERS: | Check for the presence of liquids or leachate and the proper functioning of the leachate detection/collection systems in all risers. | | | | | | |
| | Check leachate pump for operation | | | | | | |
| | Pump Leachate | | | | | | |
| LEACHATE COLLECTION ROADS | Check for evidence of spills or leaks | | | | | | |
| Inspector's Name: _____ Inspector's Signature: _____ | | | | | | | |
| COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN): | | | | | | | |
| <u>IF STATUS NOT OK, MARK THE FOLLOWING</u> | | | | | | | |
| CLEAN HARBORS ENVIRONMENTAL DEPARTMENT CONTACTED: () YES () NO | | | | | | | |

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| Date of Inspection: _____ Time: _____ AM/PM | | | | | | PAGE <u>1</u> OF <u>1</u> | |
|--|--|--------|-----------|-----------------------------|--|---------------------------|--|
| LEACHATE STORAGE TANK SYSTEM | | | | | | | |
| EQUIPMENT / STRUCTURE/ ITEM | INSPECTION ELEMENT | STATUS | | IF "NOT OK" STATE REASON | DATE & TIME CORRECTED & INITIALS | | |
| | | OK | NOT OK | | | | |
| LEACHATE STORAGE TANK SYSTEM: | Check proper operation of manual operating valves | | | | | | |
| | Check proper operation of high level alarms: <ul style="list-style-type: none"> • Power source • Operating mechanisms • Protective overlays • Sounding mechanism | | | | | | |
| | Check proper operation of check valve, piping & pumps | | | | | | |
| | Check proper operation of discharge controls | | | | | | |
| | Check for evidence of corrosion, deterioration, or leaking (ancillary equipment). | | | | | | |
| | Check for liquid level log for entry. | | | | | | |
| | Check for evidence of leaking (discoloration, vegetative stress, etc.) | | | | | | |
| LEACHATE SECONDARY CONTAINMENT: | Check for liquid in sumps. | | | | | | |
| | Check for cracks in the cement | | | | | | |
| | Check tank unloading areas for evidence of spills | | | | | | |
| TRANSFER AREA: | Check tank 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 CLEAN HARBORS ENVIRONMENTAL DEPARTMENT CONTACTED: () YES () NO | | | | | | | |