

**APPENDIX IX-B**

**POST-CLOSURE INSPECTION FORMS**



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

Type: Rain Event  
Form: PC-Rain-1

Date of Inspection: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM PAGE 1 OF 1  
**SITE PERIMETER / LANDFILLS**  
**WITHIN 24 HOURS OF A RAIN EVENT (≥ 0.5 inches in 24 hours)**

EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
PERIMETER RUN-OFF DIKES	Check for evidence of erosion, severe settling, signs of burrowing animals or deterioration.				
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

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





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

Type: Weekly  
 Form: PC-RW02

Date of Inspection: _____ Time: _____ AM/PM		PAGE <u>1</u> of <u>1</u>			
<b>SITE MONITORING SYSTEM</b>					
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):   					
<u>IF STATUS NOT OK, MARK THE FOLLOWING</u>					
CLEAN HARBORS ENVIRONMENTAL DEPARTMENT CONTACTED: ( ) YES ( ) NO					

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

Type: Weekly  
Form: PC-RW03

Date of Inspection: _____ Time: _____ AM/PM					PAGE <u>1</u> OF <u>1</u>	
<b>LANDFILL SYSTEMS</b>						
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	

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

TYPE: **Annual**  
 FORM: **PC-RA-01**

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

IF STATUS NOT OK, MARK THE FOLLOWING

CLEAN HARBORS ENVIRONMENTAL DEPARTMENT CONTACTED: ( ) YES

( ) NO

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

Type: Schedule  
 Form: PC-SCHED-1

Date of Inspection: _____ Time: _____ AM/PM						PAGE <u>1</u> OF <u>1</u>	
<b>LANDFILL SYSTEMS</b> <b>Per Pumping Schedule in Post-Closure Plan</b>							
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 <span style="float:right">(    ) NO</span>							

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

Type: Daily  
Form: PC-RD03

Date of Inspection: _____ Time: _____ AM/PM						PAGE <u>1</u> OF <u>1</u>	
<b>LEACHATE STORAGE TANK SYSTEM</b>							
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"> <li>• Power source</li> <li>• Operating mechanisms</li> <li>• Protective overlays</li> <li>• Sounding mechanism</li> </ul>						
	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.						
LEACHATE SECONDARY CONTAINMENT:	Check area around tank system for evidence of leaking (discoloration, vegetative stress, etc.)						
	Check for liquid in sumps.						
	Check for cracks in the cement						
TRANSFER AREA:	Check tank unloading areas for evidence of spills						
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							