

Attachment 3 – Waste Inspections

IRON COUNTY LANDFILL RANDOM LOAD INSPECTION RECORD C & D LANDFILL PAROWAN

INSPECTION INFORMATION	
Inspector's Name:	
Date of Inspection:	
Time of Inspection:	
Facility Name:	
TRANSPORTATION COMPANY INFORMATION	
Company Name:	
Address:	
Phone Number:	
VEHICLE INFORMATION	
Driver's Name:	
Vehicle Type:	
Vehicle License Number:	
Vehicle Contents:	<input type="checkbox"/> HOUSEHOLD <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER _____
OBSERVATIONS AND ACTIONS TAKEN	

Photo Documentation: _____ Yes _____ No

Inspector's Signature _____ Date _____

Driver's Signature _____ Date _____

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

IRON COUNTY PAROWAN LANDFILL INSPECTION FORM

PREFORMED BY: _____ DATE: _____

OVERALL CONDITION

SATSFACTIONRY NEEDS WORK

1. STRUCTURCTURS AND ROADS

1. BUILDINGS	_____	_____
2. FENCES	_____	_____
3. GATES	_____	_____
4. ROADS	_____	_____

SPECIFY RECCOMENDED REPAIRS AND/OR LIST ACTIONS TAKEN: _____

2. OPERATIONS

1. LITTER & WEEDS	_____	_____
2. FINALCOVER	_____	_____
3. SEGREGATED WASTE		
A. SCRAP METAL	_____	_____
B. APPLIANCES	_____	_____
C. TREE LIMB/ PALLETS	_____	_____

SPECIFY RECCOMENDED REPAIRS AND/OR LIST ACTIONS TAKEN: _____
