

SANTAQUIN CITY CLASS IVb LANDFILL RANDOM LOAD INSPECTION RECORD

Date: _____

INSPECTION INFORMATION

Inspector's Name:	
Date of Inspection:	
Time of Inspection:	

TRANSPORTER INFORMATION

Company Name:	
Address:	
Phone Number:	

VEHICLE INFORMATION

Driver's Name:	
Vehicle Type:	
Vehicle License Number:	
Description of Waste:	

OBSERVATION AND ACTION TAKEN

* Driver's Signature: _____

Date: _____

Inspector's Signature: _____

Date: _____

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

SANTAQUIN CITY CLASS IVb LANDFILL WEEKLY INSPECTION FORM

Date: _____

Performed By: _____

Structure and Roads

Satisfactory

Needs Work

- 1. Fences
- 2. Gates
- 3. Access Roads
- 4. Run-off Control System

List recommended repairs and/or action taken:

Operations

Satisfactory

Needs Work

- 1. Litter and weed control
- 2. Waste Piles/Depressions
- 3. Final Cover
- 4. Daily Cover (dead animal pit)
- 5. Furniture, Appliance and Metal storage area

List recommended repairs and/or action taken:

Other Observations and/or corrective action taken:

Signature: _____

SANTAQUIN CITY CLASS IVb LANDFILL QUARTLEY INSPECTION FORM

Date: _____

Performed By: _____

Structure and Roads

Satisfactory

Needs Work

- 1. Fences
- 2. Gates
- 3. Access Roads
- 4. Run-off Control System

List recommended repairs and/or action taken:

Operations

Satisfactory

Needs Work

- 1. Litter and weed control
- 2. Waste Piles/Depressions
- 3. Final Cover
- 4. Daily Cover (dead animal pit)
- 5. Furniture, Appliance and Metal storage area

List recommended repairs and/or action taken:

Other Observations and/or corrective action taken:

Signature: _____