

ANTIMONY TOWN CLASS IVb LANDFILL
HAZARDOUS WASTE - PCB INSPECTION RECORD

Date: _____ Time: _____ Vehicle No. _____

Random Selection: (Yes / No) Suspicious Load: (Yes / No) Other: _____

Vehicle Owner: _____

Name

Address

City, State

Phone

Waste Origin: _____

Waste Types: _____

Describe any hazardous or PCB wastes encountered: _____

Action Taken: _____

Comments: _____

If hazardous waste or PCB waste is encountered, contact the Division of Solid and Hazardous Waste at (801) 538-6170.

Signature: _____ Date: _____

Antimony Town Class IVb Landfill
Exhibit 9: Hazardous/PCB Waste Record Form

Antimony Town Class IV b Landfill / Dead Animal Pit
Quarterly Inspection Log

Date: _____ Time: _____ Weather: _____

Inspection

Team: _____

Observations: _____

Date and Nature of Corrective Action:

Other:

Training Procedures Completed:

Major Deviations from Plan of Operation:

Name of Inspector

Signature

This form shall be kept on site (or at the Antimony Community Center Town Office) for a minimum of 3 years.

ANTIMONY TOWN CLASS IV b LANDFILL / DEAD ANIMAL PIT
Exhibit 10 – Quarterly Inspection Log