

APPENDIX IX-A

SITE POST-CLOSURE INSPECTION PLAN

CLEAN HARBORS GRASSY MOUNTAIN, LLC
POST-CLOSURE INSPECTION PLAN

I. PURPOSE

The Post-Closure inspection program is designed to be protective of human health and the environment by routine examination of post-closure care units and monitoring, maintenance and security equipment which, in the event of malfunction or deterioration and is not corrected within a timely manner, could jeopardize the health of persons and/or affect the environment at the facility. Inspections are based upon a schedule which identifies potential or actual non-compliance status of a unit or equipment in a manner that allows the owner/operator adequate time to repair or correct the deficiency found by the inspection.

II. SCOPE

Personnel conducting inspections (the Inspector) performs, at a minimum, the required inspections in accordance with the Frequency Schedule (listed below) and documents the inspection findings. For unacceptable conditions found during the inspections that cannot be corrected within 24 hours of identifying the condition, the Inspector issues "Remedial Work Orders (RWOs)". These work orders will be immediately sent to the Manager responsible for the closed facility. That manager will inform the Director of the Utah Division of Solid and Hazardous Waste within 24 hours if the RWO is for issues that endanger human health or the environment.

Inspectors possess the necessary qualifications and are trained to enable them to perform their duties according to the requirements of the Utah Admin. Code (UAC R315).

III. INSPECTION DOCUMENTATION

Post-closure inspections are performed, at a minimum, according to the frequency specified in the Inspection Schedule (listed below). The schedule outlines the minimum number of required inspection items and events which adequately assesses the condition of the units, equipment and/or containment structure inspected. At the discretion of the Inspector, or if so directed by the post-closure manager, the frequency of any inspection type (i.e. daily, weekly, monthly, annually) may be increased. The frequency can never be decreased from the approved schedule listed in the permit unless approved by the Director.

Inspection Forms are used for inspection documentation. An Inspection Form must document the date, time of inspection, name of the Inspector, the status of each inspected item, the reason for each "not ok" status checked and either the date corrective action was taken along with the initials of the person making that declaration or reference to a Remedial Work Order (RWO).

For the convenience of the Inspectors, certain non-Post-Closure inspection items may be included on the Inspection Forms. Such items may be added or deleted at the facility's discretion. Non-Post-closure inspection items will be identified as such on the form.

All Post-closure Inspection Forms and associated documents (i.e. RWO's, survey notes, test results) will be incorporated into the facility's Operating Record. These records will be maintained at the facility in a readily available location and maintained for a minimum of three years from the applicable record's inspection date.

IV. INSPECTION DOCUMENTATION PROCEDURES

1. Fill in all of the appropriate blanks on the form (e.g., date, time, etc.).
2. Print and sign your name.
3. Inspect the items as indicated by the frequency as outlined in the schedule.
4. If inspection item is "OK", indicate by marking next to the item in the appropriate column.
5. If inspection item is "NOT OK", indicate by marking next to the item in the appropriate column and describe the problem in the adjacent column.
6. For items that are corrected within 24 hours, the person verifying that the item was corrected writes on the inspection form the date it was corrected and his/her initials.
7. For items that cannot be promptly corrected (e.g., within 24 hours), complete a Remedial Work Order (RWO) and submit immediately to the post-closure manager and indicate on the inspection form that a RWO was written.
8. When a RWO problem is resolved, describe the solution on the RWO form, initial and note the date that remedial action was taken.

V. INSPECTION SCHEDULE

SITE PERIMETER	INSPECTION ELEMENT: WEEKLY
SECURITY FENCE: (PC-RW01)	Inspect for integrity, breaks or damage
	Check for erosion which would allow for unauthorized entry
	Check gates for proper function

	Check for presence of warning signs at proper intervals (no more than 120 feet apart) and at all gates
	Inspect signs for deterioration (fading, damage, etc.)
PERIMETER RUN-OFF DIKES: (PC-RW01)	Check for evidence of erosion, severe settling, signs of burrowing animals or deterioration
SITE PERIMETER AND LANDFILL CELLS	
	INSPECTION ELEMENT: WITHIN 24 HOURS OF THE END OF A STORM EVENT (0.5 inches precipitation in 24 hours)
PERIMETER RUN-OFF DIKES: (PC-RAIN-1)	Check for evidence of erosion, severe settling, signs of burrowing animals or deterioration
CELLS: (PC-RAIN-1)	Check for erosion, settling and subsidence
SITE MONITORING SYSTEMS	
	INSPECTION ELEMENT: DAILY
MONITORING WELLS and PIEZOMETERS OUTSIDE THE SITE SECURITY FENCE: (PC-RD01)	Check wells for damage to casing and cover security
	Check for evidence of tampering with lock or cap
	Check for well visibility and accessible to personnel
METEROROLOGICAL STATION: (PC-RD02)	Check for proper operation of all instruments and recording devices.
	Check for presence of the data logbook.
SITE MONITORING SYSTEMS	
	INSPECTION ELEMENT: WEEKLY
MONITORING WELLS and PIEZOMETERS INSIDE THE SITE SECURITY FENCE: (PC-RW02)	Check wells for damage to casing and cover security
	Check for evidence of tampering with lock or cap
	Check for well visibility and accessible to personnel
ALL LANDFILL CELLS: LEACHATE: (PC-RW03)	Check leachate collection risers for secure caps.

LANDFILL CELLS: (PC-RW03)	Check for erosion, settling and subsidence
SITE MONITORING SYSTEMS	
INSPECTION ELEMENT: ANNUAL	
MONITORING WELLS: (PC-RA01)	Check for proper operation of pumps
	Check for insect infestation of casing
LANDFILL SYSTEMS	
INSPECTION ELEMENT: Per Pumping Schedule in Post-Closure Plan	
ALL CELLS: LEACHATE: (PC-SCHED-1)	Inspect 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 (PC-SCHED-1)	Check for evidence of spills or leaks
TANK SYSTEMS	
INSPECTION ELEMENT: DAILY	
LEACHATE STORAGE: (PC-RD03)	Check the following for proper operation:
	1. Manual operating valves
	2. High level alarms <ul style="list-style-type: none"> • power source • operating mechanisms • protective overlays • sounding mechanism
	3. Check valve, piping, and pumps
	4. Discharge controls

LEACHATE SECONDARY CONTAINMENT: (PC-RD03)	Check for liquid in sump(s)
	Check for cracks in cement
	Inspect area around tank system for evidence of leaking (discoloration, vegetative stress)
LEACHATE TANK SYSTEMS: (PC-RD03)	Check liquid level log for entry
	Check for evidence of corrosion, deterioration, or leaking (ancillary equipment)
TRANSFER AREA: (PC-RD03)	Check tank unloading areas for evidence of spills

APPENDIX 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 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

ENVIRONMENTAL DEPARTMENT CONTACTED: YES NO

REMEDIAL WORK ORDER ISSUED: YES WORK ORDER # _____ 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 PERIMETER / LANDFILLS					
WITHIN 24 HOURS OF A RAIN EVENT (<input type="checkbox"/> 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):					
<u>IF STATUS NOT OK, MARK THE FOLLOWING</u>					
ENVIRONMENTAL DEPARTMENT CONTACTED:		() YES		() NO	
REMEDIAL WORK ORDER ISSUED:		() YES		() NO	
		WORK ORDER # _____			

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	P3A,B,C				

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

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

IF STATUS NOT OK, MARK THE FOLLOWING

ENVIRONMENTAL DEPARTMENT CONTACTED: YES NO
 REMEDIAL WORK ORDER ISSUED: YES WORK ORDER # _____ 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 SYSTEMS						
EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS	
		OK	NOT OK			
METEOROLOGICAL STATION:	Check for proper operation of all instruments and recording devices.					
	Check for presence of the data logbook.					
Inspector's Name: _____ Inspector's Signature: _____						
COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):						
IF STATUS NOT OK, MARK THE FOLLOWING						
ENVIRONMENTAL DEPARTMENT CONTACTED:					() YES	() NO
REMEDIAL WORK ORDER ISSUED:					() YES	() NO
WORK ORDER # _____						

CLEAN HARBORS GRASSY MOUNTAIN, LLC
Grassy Mountain Facility Inspection Record

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					
	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, 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): 						
IF STATUS NOT OK, MARK THE FOLLOWING						
ENVIRONMENTAL DEPARTMENT CONTACTED: () YES () NO						
REMEDIAL WORK ORDER ISSUED: () YES WORK ORDER # _____ () 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 PERIMETER					
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.				
SECURITY FENCE:	Inspect for integrity, breaks of damage				
	Check for erosion that would allow for unauthorized entry.				
	Check gates for proper function				
	Check for presence of warning signs at proper intervals (≤ 120 feet apart) and at all gates				
	Inspect signs for deterioration (fading, damage, etc.)				
Inspector's Name: _____ Inspector's Signature: _____ _____					
COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):					
IF STATUS NOT OK, MARK THE FOLLOWING					
ENVIRONMENTAL DEPARTMENT CONTACTED: () YES () NO					
REMEDIAL WORK ORDER ISSUED: () YES WORK ORDER # _____ () NO					

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 CORRECTE D & 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	16	28	40A	50	68	
4	17	29A	41	51	69	
5	18A	30A	42	52	70	
6	19A	31	43	53	71	
7	20	32A	44	54	72	
9	21	33	45	55	73	
10	22	34	46	56	74	
11	23	35	PXY	57	75	
12	24	36	P4A,B,C	58	76	
13	25	37A	47	59	77	
14	26	38A	48	60	78	
15	27A	39	49	67	79	

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

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

IF STATUS NOT OK, MARK THE FOLLOWING

ENVIRONMENTAL DEPARTMENT CONTACTED: YES NO

REMEDIAL WORK ORDER ISSUED: YES WORK ORDER # _____ 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>	
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						
ENVIRONMENTAL DEPARTMENT CONTACTED: () YES () NO						
REMEDIAL WORK ORDER ISSUED: () YES WORK ORDER # _____ () 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 leachate in and the proper functioning of the detection system.						
	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>							
ENVIRONMENTAL DEPARTMENT CONTACTED: () YES () NO							
REMEDIAL WORK ORDER ISSUED: () YES WORK ORDER # _____ () NO							