APPENDIX IX-B

POST-CLOSURE INSPECTION FORMS

Date of Inspe	ction:Time:		A	M/PM	PAGE <u>1</u> OF <u>1</u>		
SITE PERIMETER							
EQUIPMENT /	INCRECTION ELEMENT	STA	TUS	IF "NOT OK" STATE	DATE & TIME		
STRUCTURE/ ITEM	INSPECTION ELEMENT	ОК	NOT OK	REASON	CORRECTED & INITIALS		
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 and ensure that they are locked.						
	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 Nam	ne:	Insp	oector's \$	Signature:			
COMMENTS (IF	NEEDED, EXPLAIN THE CORRE	CTIVE A	ACTIONS	S TAKEN):			
IF STATUS NOT OK, MARK THE FOLLOWING							
					() NO		
CLEAN HARBORS ENVIRONMENTAL DEPARTMENT CONTACTED: () YES							

Type: Weekly Form: PC-RW01

Date of Inspection: Time:		AM/PM PAGE <u>1</u> OF <u>1</u>						
SITE PERIMETER / LANDFILLS								
WITHIN 24 HOURS OF A RAIN EVENT (≥ 0.5 inches in 24 hours)								
EQUIPMENT / STRUCTURE/	INSPECTION EL		STA	TUS	IF "NOT O	K" STATE	DATE & TIME CORRECTED	
ITEM			ОК	NOT OK	REAS	SON	& INITIALS	
PERIMETER RUN-OFF DIKES	Check for evidence of severe settling, signs burrowing animals or deterioration.	of						
CELLS:	Check for erosion, se subsidence	ettling and						
Inspector's Nam	ne:	······································	_ Inspec	tor's Sig	nature:			
COMMENTS (IF	NEEDED, EXPLAIN	THE CORRE	CTIVE A	CTIONS	S TAKEN):			
IF STATUS NOT	OK, MARK THE FOLLOW	<u>VING</u>						
CLEAN HARBOR	S ENVIRONMENTAL DE	EPARTMENT C	CONTACT	ΓED: () YES		() NO	
DEMEDIAL MAD	V 00000 1001150 /	\\/F0 \\/\05		· - "			, \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	

Type: Rain Event Form: PC-Rain-1

D (()							A B	4/53.4	DA 0E 4 0	
Date of Inspe	Date of Inspection: Time: AM/PM PAGE <u>1</u> OF <u>1</u> SITE MONITORING SYSTEM									
EQUIPMENT / STRUCTURE/ ITEM		INSPECTION	ON ELEMENT		STA OK	STATUS OK NOT OK		IF "NOT OK" STATE REASON		DATE & TIME CORRECTED & INITIALS
MONITORING WELLS and PIEZOMETERS		casing and covers.	s for damage to security of the							
OUTSIDE THE SITE SECURITY		cap.	with the lock or							
FENCE:			vell visibility and y to personnel.							
1	8		P1	P3			P4		P5	P6
P7	P8		P3-A	P3	-B		P3	i-C		
Inspector's Nam	Inspector's Name: Inspector's Signature:									
COMMENTS (IF	NE	EDED, EXPI	LAIN THE COR	REC	TIVE AC	CTION	NS	TAKEN):		
IF STATUS NOT OK, MARK THE FOLLOWING										

()YES

CLEAN HARBORS ENVIRONMENTAL DEPARTMENT CONTACTED:

() NO

Type: Daily

Form: PC-RD01

Date of Inspection:	Inspection: Time: AM/PM PAGE <u>1</u> OF <u>1</u>						
SITE MONITORING SYSTEMS							
EQUIPMENT /	INCOCCTION ELEMENT	STATUS		IF "NOT OK" STATE	DATE & TIME CORRECTED		
STRUCTURE/ ITEM	INSPECTION ELEMENT	OK	NOT OK	REASON	& INITIALS		
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 NEEDE	ED, EXPLAIN THE CORREC	CTIVE A	CTIONS	S TAKEN):			
IF STATUS NOT OK, MARK THE FOLLOWING							
CLEAN HARBORS ENVIR	ONMENTAL DEPARTMENT C	ONTACT	ΓED: () YES	() NO		

Type: Daily Form: PC-RD02

SITE MONITORING SYSTEM

AM/PM

Time:

: I F	Type: Weekly orm: PC-RW02
PAC	GE <u>1</u> of <u>1</u>
TATE ON	DATE & TIME CORRECTED & INITIALS

EQUIPMENT / STRUCTURE/	INSPECTION ELEMENT			ATUS	IF "NOT OK" STATE	DATE & TIME CORRECTED &		
ITEM			OK	NOT OK	REASON	INITIALS		
MONITORING WELLS:	Check wells for damage to casing and security of the covers.							
	Check for ev tampering wind cap.	idence of ith the lock or						
	Check for we	ell visibility and 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):								
UE OTATUO NOT OK MARKTUE EQUI OMINO								
IF STATUS NOT OK, MARK THE FOLLOWING CLEAN HARBORS ENVIRONMENTAL DEPARTMENT CONTACTED: () YES () NO								

Date of Inspection:

Date of Inspection:_			A	.M/PM PAGE <u>1</u>	<u> </u>			
	LANDFILL SYSTEMS							
EQUIPMENT /		STATUS		IF "NOT OK" STATE	DATE & TIME			
STRUCTURE/ ITEM	INSPECTION ELEMENT	OK	NOT OK	REASON	CORRECTED & INITIALS			
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 NEEDE	ED, EXPLAIN THE CORREC	CTIVE A	CTIONS	S TAKEN):				
IF STATUS NOT OK, MAR	K THE FOLLOWING							
ii STATIOS NOT ON, IMAIN	THE POLLOWING							
CLEAN HARRORS ENVIR	ONMENTAL DEPARTMENT CO	ONTACT	ED: () VES	() NO			

Type: Weekly Form: PC-RW03

Date of Inspection	n: Time: SITE MONI	ITORIN	JG WE	PAGE <u>1</u> OF <u>1</u>				
EQUIPMENT /	SITE MON		TUS		DATE & TIME			
STRUCTURE/ ITEM	INSPECTION ELEMENT	OK	NOT OK	IF "NOT OK" STATE REASON	CORRECTED & INITIALS			
MONITORING	Check for proper operation of pumps.							
WELLS:	Check for insect infestation of casing.							
Inspector's Name: _	Inspector's Name: Inspector's Signature:							
COMMENTS (IF NE	EDED, EXPLAIN THE CORREC	CTIVE A	CTIONS	S TAKEN):				
IF STATUS NOT OK,	MARK THE FOLLOWING							
CLEAN HARBORS EN	NVIRONMENTAL DEPARTMENT C	ONTACT	ΓED: () YES	() NO			

Date of Inspection:_	Time:			M/PM PAGE <u>1</u> OF	<u>1</u>			
LANDFILL SYSTEMS								
Per Pumping Schedule in Post-Closure Plan								
EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STA	TUS	IF "NOT OK" STATE	DATE & TIME			
		ОК	NOT OK	REASON	CORRECTED & INITIALS			
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:	Insp	oector's	Signatu	re:				
IF STATUS NOT OK, MAR	RK THE FOLLOWING							
CLEAN HARBORS ENVIR	CONMENTAL DEPARTMENT C	ONTACT	ΓED: () YES	() NO			

Type: Schedule Form: PC-SCHED-1

Date of Inspection: Time: AM/PM PAGE 1 OF 1							
LEACHATE STORAGE TANK SYSTEM							
EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT		TUS NOT	IF "NOT OK" STATE REASON	DATE & TIME CORRECTED		
		OK	OK	REASON	& INITIALS		
LEACHATE STORAGE TANK SYSTEM:	Check proper operation of manual operating valves						
	Check proper operation of high-level alarms:						
	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:		Inspect	or's Sig	nature:			
COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):							
IF STATUS NOT OK, MA	ARK THE FOLLOWING						
CLEAN HARBORS ENVIRONMENTAL DEPARTMENT CONTACTED: () YES () NO							

Type: Daily Form: PC-RD03