EPA

# POTENTIAL HAZARDOUS WASTE SITE
# SITE INSPECTION REPORT

| REGION | SITE NUMBER (to be assigned by HQ) |
|---|---|
| 10 | 10011 |

**GENERAL INSTRUCTIONS:** Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition *(Section II)*. File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Tack Force *(EN-335)*; 401 M St., SW; Washington, DC 20460.

## I. SITE IDENTIFICATION

A. SITE NAME: Zilog

B. STREET *(or other identifier)*: 2515 11th Ave

C. CITY: Nampa

D. STATE: Id

E. ZIP CODE: 83651

F. COUNTY NAME: Canyon

G. SITE OPERATOR INFORMATION

1. NAME: Jerry Robinson

2. TELEPHONE NUMBER: 446-4551

3. STREET: Same

4. CITY:

5. STATE:

6. ZIP CODE:

H. REALTY OWNER INFORMATION *(if different from operator of site)*

1. NAME: Same

2. TELEPHONE NUMBER:

3. CITY:

4. STATE:

5. ZIP CODE:

I. SITE DESCRIPTION

J. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE

## II. TENTATIVE DISPOSITION *(complete this section last)*

A. ESTIMATE DATE OF TENTATIVE DISPOSITION *(mo., day, & yr.)*:

B. APPARENT SERIOUSNESS OF PROBLEM

☐ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☒ 4. NONE

C. PREPARER INFORMATION

1. NAME: Daryl E. Koch

2. TELEPHONE NUMBER: 208 334-4112

3. DATE *(mo., day, & yr.)*: 10/1/90

## III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME: Guy Manley

2. TITLE: Env Specialist

3. ORGANIZATION: Southwest Dist Health Dept

4. TELEPHONE NO. *(area code & no.)*: 208 457 5261

B. INSPECTION PARTICIPANTS

| 1. NAME | 2. ORGANIZATION | 3. TELEPHONE NO. |
|---|---|---|
| as above | | |
| | | |
| | | |

C. SITE REPRESENTATIVES INTERVIEWED *(corporate officials, workers, residents)*

| 1. NAME | 2. TITLE & TELEPHONE NO. | 3. ADDRESS |
|---|---|---|
| Carl Hartman | 446-4551 | as for company |
| | | |
| | | |
| | | |
| | | |
| | | |

USEPA SF
1643328

Continued From Front

## III. INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (sources of waste)

| 1. NAME | 2. TELEPHONE NO. | 3. ADDRESS | 4. WASTE TYPE GENERATED |
|---|---|---|---|
| | | | See other |
| | | | info |
| | | | |

E. TRANSPORTER/HAULER INFORMATION

| 1. NAME | 2. TELEPHONE NO. | 3. ADDRESS | 4. WASTE TYPE TRANSPORTED |
|---|---|---|---|
| Roto Rooter | 888-6869 | 305 W. Franklin, Meridian | Solvents, Acetone, Paraquat, misc |
| Samson | 342-0361 | E. Hwy 30, Mtn Home | Solvents, Arsenic, |
| | | | Acids. |

F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

| 1. NAME | 2. TELEPHONE NO. | 3. ADDRESS |
|---|---|---|
| | | |
| | | N/A |
| | | |

| G. DATE OF INSPECTION (mo., day, & yr.) | H. TIME OF INSPECTION | I. ACCESS GAINED BY: (credentials must be shown in all cases) |
|---|---|---|
| Oct. 11 1980 | | ☒ 1. PERMISSION ☐ 2. WARRANT |

J. WEATHER (describe)

Calm

## IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

| 1. SAMPLE TYPE | 2. SAMPLE TAKEN (mark 'X') | 3. SAMPLE SENT TO: | 4. DATE RESULTS AVAILABLE |
|---|---|---|---|
| a. GROUNDWATER | | | |
| b. SURFACE WATER | | | |
| c. WASTE | | N/A | |
| d. AIR | | | |
| e. RUNOFF | | | |
| f. SPILL | | | |
| g. SOIL | | | |
| h. VEGETATION | | | |
| i. OTHER (specify) | | | |

B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, pH, etc.)

| 1. TYPE | 2. LOCATION OF MEASUREMENTS | 3. RESULTS |
|---|---|---|
| | | |
| | N/A | |
| | | |
| | | |



Continue On Page 3

Continued From Page 2

## IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS
   - [ ] a. GROUND
   - [ ] b. AERIAL

2. PHOTOS IN CUSTODY OF: N/A

D. SITE MAPPED?

- [ ] YES. SPECIFY LOCATION OF MAPS:

E. COORDINATES

1. LATITUDE (deg.-min.-sec.)
2. LONGITUDE (deg.-min.-sec.)

## V. SITE INFORMATION

A. SITE STATUS

- [X] 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)
- [ ] 2. INACTIVE (Those sites which no longer receive wastes.)
- [ ] 3. OTHER (specify): _____ (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

- [ ] 1. NO
- [X] 2. YES (specify generator's four-digit SIC Code): _____

C. AREA OF SITE (in acres)

D. ARE THERE BUILDINGS ON THE SITE?

- [ ] 1. NO
- [X] 2. YES (specify): Production facilities

## VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

| X | A. TRANSPORTER | X | B. STORER | X | C. TREATER | X | D. DISPOSER |
|---|---|---|---|---|---|---|---|
| | 1. RAIL | | 1. PILE | | 1. FILTRATION | | 1. LANDFILL |
| | 2. SHIP | | 2. SURFACE IMPOUNDMENT | | 2. INCINERATION | | 2. LANDFARM |
| | 3. BARGE | X | 3. DRUMS | | 3. VOLUME REDUCTION | | 3. OPEN DUMP |
| | 4. TRUCK | | 4. TANK, ABOVE GROUND | | 4. RECYCLING/RECOVERY | | 4. SURFACE IMPOUNDMENT |
| | 5. PIPELINE | | 5. TANK, BELOW GROUND | | 5. CHEM./PHYS./TREATMENT | | 5. MIDNIGHT DUMPING |
| | 6. OTHER (specify): | | 6. OTHER (specify): | | 6. BIOLOGICAL TREATMENT | | 6. INCINERATION |
| | | | | | 7. WASTE OIL REPROCESSING | | 7. UNDERGROUND INJECTION |
| | | | | | 8. SOLVENT RECOVERY | | 8. OTHER (specify): |
| | | | | | 9. OTHER (specify): | | |

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this for..

- [X] 1. STORAGE
- [ ] 2. INCINERATION
- [ ] 3. LANDFILL
- [ ] 4. SURFACE IMPOUNDMENT
- [ ] 5. DEEP WELL
- [ ] 6. CHEM/BIO/PHYS TREATMENT
- [ ] 7. LANDFARM
- [ ] 8. OPEN DUMP
- [ ] 9. TRANSPORTER
- [ ] 10. RECYCLOR/RECLAIMER

## VII. WASTE RELATED INFORMATION

A. WASTE TYPE

- [X] 1. LIQUID
- [ ] 2. SOLID
- [X] 3. SLUDGE
- [ ] 4. GAS

B. WASTE CHARACTERISTICS

- [X] 1. CORROSIVE
- [ ] 2. IGNITABLE
- [ ] 3. RADIOACTIVE
- [ ] 4. HIGHLY VOLATILE
- [X] 5. TOXIC
- [ ] 6. REACTIVE
- [ ] 7. INERT
- [X] 8. FLAMMABLE
- [ ] 9. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

Yes



Continue On Reverse

Continued From Front

## VII. WASTE RELATED INFORMATION (continued)

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

| a. SLUDGE | b. OIL | c. SOLVENTS | d. CHEMICALS | e. SOLIDS | f. OTHER |
|---|---|---|---|---|---|
| AMOUNT | AMOUNT | AMOUNT | AMOUNT | AMOUNT | AMOUNT |
| UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE |
| X (1) PAINT, PIGMENTS | X (1) OILY WASTES | X (1) HALOGENATED SOLVENTS | X (1) ACIDS | X (1) FLYASH | X (1) LABORATORY PHARMACEUT. |
| (2) METALS SLUDGES | (2) OTHER(specify): | X (2) NON-HALOGNTD. SOLVENTS | (2) PICKLING LIQUORS | (2) ASBESTOS | (2) HOSPITAL |
| (3) POTW | | (3) OTHER(specify): | (3) CAUSTICS | (3) MILLING/MINE TAILINGS | (3) RADIOACTIVE |
| (4) ALUMINUM SLUDGE | | | (4) PESTICIDES | (4) FERROUS SMELTING WASTES | (4) MUNICIPAL |
| (5) OTHER(specify): | | | (5) DYES/INKS | (5) NON-FERROUS SMLTG. WASTES | (5) OTHER(specify): |
| | | | (6) CYANIDE | (6) OTHER(specify): | |
| | | | (7) PHENOLS | | |
| | | | X (8) HALOGENS | | |
| | | | (9) PCB | | |
| | | | (10) METALS | | |
| | | | (11) OTHER(specify): | | |

See other info

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

| 1. SUBSTANCE | 2. FORM (mark 'X') | | | 3. TOXICITY (mark 'X') | | | | 4. CAS NUMBER | 5. AMOUNT | 6. UNIT |
|---|---|---|---|---|---|---|---|---|---|---|
| | a. SOLID | b. LIQ. | c. VAPOR | a. HIGH | b. MED. | c. LOW | d. NONE | | | |
| Arsenic | — | | | | | | | | varies | |
| Acetone | | — | | | | | | | ↓ | |
| Acids | | — | | | | | | | | |
| Degreaser | | — | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

## VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

X A. HUMAN HEALTH HAZARDS

from inadvertant handling of waste drums

 Continue On Page 5

Continued From Page 4

## VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE

N/A

☒ C. WORKER INJURY/EXPOSURE

Contamination of skin and clothing from inadvertant contact in storage area.

☐ D. CONTAMINATION OF WATER SUPPLY

N/A

☐ E. CONTAMINATION OF FOOD CHAIN

N/A

☐ F. CONTAMINATION OF GROUND WATER

N/A

☐ G. CONTAMINATION OF SURFACE WATER

N/A



Continue On Reverse

Continued From Front

## VIII. HAZARD DESCRIPTION (continued)

☐ H. DAMAGE TO FLORA/FAUNA

N/A

☐ I. FISH KILL

N/A

☐ J. CONTAMINATION OF AIR

N/A

☐ K. NOTICEABLE ODORS

?

☐ L. CONTAMINATION OF SOIL

N/A

☐ M. PROPERTY DAMAGE

N/A

 Continue On Page 7

Continued From Page 6

## VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION

if not careful
carefully

☒ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

Leaking containers and
contamination of shoes and
clothing

☐ P. SEWER, STORM DRAIN PROBLEMS

N/A

☐ Q. EROSION PROBLEMS

N/A

☐ R. INADEQUATE SECURITY

N/A

☐ S. INCOMPATIBLE WASTES

N/A
wastes are stored
to our knowledge
incompatible wastes.

## VIII. HAZARD DESCRIPTION *(continued)*

☐ T. MIDNIGHT DUMPING

N/A

☐ U. OTHER *(specify)*:

N/A

## IX. POPULATION DIRECTLY AFFECTED BY SITE

| A. LOCATION OF POPULATION | B. APPROX. NO. OF PEOPLE AFFECTED | C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA | D. APPROX. NO. OF BUILDINGS AFFECTED | E. DISTANCE TO SITE *(specify units)* |
|---|---|---|---|---|
| 1. IN RESIDENTIAL AREAS | | | | |
| 2. IN COMMERCIAL OR INDUSTRIAL AREAS | | | | |
| 3. IN PUBLICLY TRAVELLED AREAS | | Major Hwy I-84 | | 200 Ft |
| 4. PUBLIC USE AREAS *(parks, schools, etc.)* | | | | |

## X. WATER AND HYDROLOGICAL DATA

| A. DEPTH TO GROUNDWATER *(specify unit)* | B. DIRECTION OF FLOW | C. GROUNDWATER USE IN VICINITY |
|---|---|---|
| D. POTENTIAL YIELD OF AQUIFER | E. DISTANCE TO DRINKING WATER SUPPLY *(specify unit of measure)* | F. DIRECTION TO DRINKING WATER SUPPLY |

G. TYPE OF DRINKING WATER SUPPLY

☐ 1. NON-COMMUNITY < 15 CONNECTIONS* ☒ 2. COMMUNITY *(specify town)*: Orange > 15 CONNECTIONS

☐ 3. SURFACE WATER ☒ 4. WELL

 *Continue On Page 9*

Continued From Page 8

## X. WATER AND HYDROLOGICAL DATA *(continued)*

H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE

| 1. WELL | 2. DEPTH *(specify unit)* | 3. LOCATION *(proximity to population/ buildings)* | 4. NON-COMMUNITY *(mark 'X')* | 5. COMMUNITY *(mark 'X')* |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I. RECEIVING WATER

1. NAME

☐ 2. SEWERS ☐ 3. STREAMS/RIVERS

☐ 4. LAKES/RESERVOIRS ☐ 5. OTHER *(specify)*:

5. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

## XI. SOIL AND VEGITATION DATA

LOCATION OF SITE IS IN:

☐ A. KNOWN FAULT ZONE ☐ B. KARST ZONE ☐ C. 100 YEAR FLOOD PLAIN ☐ D. WETLAND

☐ E. A REGULATED FLOODWAY ☐ F. CRITICAL HABITAT ☐ G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

## XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

| 'X' | A. OVERBURDEN | 'X' | B. BEDROCK *(specify below)* | 'X' | C. OTHER *(specify below)* |
|---|---|---|---|---|---|
| | 1. SAND | | | | |
| | 2. CLAY | | | | |
| | 3. GRAVEL | | | | |

## XIII. SOIL PERMEABILITY

☐ A. UNKNOWN ☐ B. VERY HIGH *(100,000 to 1000 cm/ sec.)* ☐ C. HIGH *(1000 to 10 cm/ sec.)*

☐ D. MODERATE *(10 to .1 cm/ sec.)* ☐ E. LOW *(.1 to .001 cm/ sec.)* ☐ F. VERY LOW *(.001 to .00001 cm/ sec.)*

G. RECHARGE AREA

☐ 1. YES ☐ 2. NO 3. COMMENTS:

H. DISCHARGE AREA

☐ 1. YES ☐ 2. NO 3. COMMENTS:

I. SLOPE

1. ESTIMATE % OF SLOPE

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

J. OTHER GEOLOGICAL DATA

 Continue On Reverse

Continued From Front

## XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

| A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.) | B. ISSUING AGENCY | C. PERMIT NUMBER | D. DATE ISSUED (mo., day, & yr.) | E. EXPIRATION DATE (mo., day, & yr.) | F. IN COMPLIANCE (mark 'X') | | |
|---|---|---|---|---|---|---|---|
| | | | | | 1. YES | 2. NO | 3. UNKNOWN |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

## XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE ☐ YES (summarize in this space)

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (*Section II*) information on the first page of this form.

# INCINERATORS SITE INSPECTION REPORT
*(Supplemental Report)*

**INSTRUCTION**
Answer and Explain as Necessary.

1. INCINERATION OF ALL SUBSTANCES APPROVED BY REGULATORY AGENCY
☐ YES ☐ NO
LIST ALL SUBSTANCES INCINERATED, INDICATING WHETHER OR NOT APPROVAL EXISTS.

2. COMBUSTION EFFICIENCY MONITORED
☐ YES ☐ NO *(Explain)*

3. TEMPERATURE, GAS FLOW, RETENTION CALCULATIONS, AND COMBUSTION ZONE MONITORED
☐ YES ☐ NO

4. MONITORING EQUIPMENT FUNCTIONING PROPERLY
☐ YES ☐ NO

5. ADEQUATE MAINTENANCE OF EMISSION CONTROL EQUIPMENT
☐ YES ☐ NO

6. MONITORING PORTS IN INCINERATOR *(Indicate Position)*
☐ YES ☐ NO

7. WASTE FLOW RATE MONITORED
☐ YES ☐ NO

8. CUT-OFF DEVICE FUNCTIONING PROPERLY
☐ YES ☐ NO

9. STACK TEST
☐ YES ☐ NO

9a. EPA METHOD

9b. AGENCY CONDUCTING TEST

9c. DATE

10. ADEQUATE METHOD FOR DISPOSAL OF SCRUBBER LIQUOR WASTEWATER *(Describe)*
☐ YES ☐ NO

11. ADEQUATE METHOD FOR DISPOSAL OF ASH QUENCHING WASTEWATER OR ASH *(Describe)*
☐ YES ☐ NO

12. TYPE OF SCRUBBER MEDIUM

13. TYPE OF SCRUBBER

14. MIST ELIMINATOR
☐ YES ☐ NO



Continued on reverse

15. OPACITY READING TAKEN

☐ YES ☐ NO VALUE:

16. WET STACK

☐ YES ☐ NO

17. STACK HEIGHT

18. STACK DIAMETER

19. CONSTRUCTION MATERIAL OF STACK

20. PERMIT LIMITS

EMISSION LIMITS

21. TYPE OF EQUIPMENT

21a. MAKE

21b. AGE

21c. CONDITION

# SURFACE IMPOUNDMENTS SITE INSPECTION REPORT
*(Supplemental Report)*

**INSTRUCTION**
**Answer and Explain as Necessary.**

1. TYPE OF IMPOUNDMENT

2. STABILITY/CONDITION OF EMBANKMENTS

3. EVIDENCE OF SITE INSTABILITY *(Erosion, Settling, Sink Holes, etc.)*
☐ YES ☐ NO

4. EVIDENCE OF DISPOSAL OF IGNITABLE OR REACTIVE WASTE
☐ YES ☐ NO

5. ONLY COMPATIBLE WASTES ARE STORED OR DISPOSED OF IN THE IMPOUNDMENT
☐ YES ☐ NO

6. RECORDS CHECKED FOR CONTENTS AND LOCATION OF EACH SURFACE IMPOUNDMENT
☐ YES ☐ NO

7. IMPOUNDMENT HAS LINER SYSTEM
☐ YES ☐ NO

7a. INTEGRITY OF LINER SYSTEM CHECKED
☐ YES ☐ NO

7b. FINDINGS

8. SOIL STRUCTURE AND SUBSTRUCTURE

N/A

9. MONITORING WELLS
☐ YES ☐ NO

10. LENGTH, WIDTH, AND DEPTH
LENGTH WIDTH DEPTH

11. CALCULATED VOLUMETRIC CAPACITY

12. PERCENT OF CAPACITY REMAINING

13. ESTIMATE FREEBOARD

14. SOLIDS DEPOSITION
☐ YES ☐ NO

15. DREDGING DISPOSAL METHOD

16. OTHER EQUIPMENT

# STORAGE FACILITIES SITE INSPECTION REPORT
*(Supplemental Report)*

**INSTRUCTION**
Answer and Explain as Necessary.

1. STORAGE AREA HAS CONTINUOUS IMPERVIOUS BASE
☐ YES ☐ NO

2. STORAGE AREA HAS A CONFINEMENT STRUCTURE
☐ YES ☐ NO

3. EVIDENCE OF LEAKAGE/OVERFLOW *(If "Yes", document where and how much runoff is overflowing or leaking from containment)*
☐ YES ☐ NO

4. ESTIMATE TYPE AND NUMBER OF BARRELS/CONTAINERS

5. GLASS OR PLASTIC STORAGE CONTAINERS USED
☐ YES ☐ NO

6. ESTIMATE NUMBER AND CAPACITY OF STORAGE TANKS

7. NOTE LABELING ON CONTAINERS

N/A

8. EVIDENCE OF LEAKAGE CORROSION OR BULGING OF BARRELS/CONTAINERS/STORAGE TANKS *(If "Yes", document evidence. Describe location and extent of damage. Take PHOTOGRAPHS)*
☐ YES ☐ NO

9. DIRECT VENTING OF STORAGE TANKS
☐ YES ☐ NO

10. CONTAINERS HOLDING INCOMPATIBLE SUBSTANCES *(If "Yes", document evidence. Describe location and identity of hazardous waste. Take PHOTOGRAPHS.)*
☐ YES ☐ NO

11. INCOMPATIBLE SUBSTANCES STORED IN CLOSE PROXIMITY *(If "Yes", document evidence. Describe location and identity of hazardous waste. Take PHOTOGRAPHS.)*
☐ YES ☐ NO

12. ADEQUATE CONTAINER WASHING AND REUSE PRACTICES
☐ YES ☐ NO

13. ADEQUATE PRACTICES FOR DISPOSAL OF EMPTY STORAGE CONTAINERS
☐ YES ☐ NO

# LANDFILLS SITE INSPECTION REPORT
(Supplemental Report)

**INSTRUCTION**
Answer and Explain as Necessary.

1. EVIDENCE OF SITE INSTABILITY *(Erosion, Settling, Sink Holes, etc)*
☐ YES ☐ NO

2. EVIDENCE OF IMPROPER DISPOSAL OF BULK LIQUIDS, SEMI-SOLIDS AND SLUDGES INTO THE LANDFILL
☐ YES ☐ NO

3. CHECK RECORDS OF CELL LOCATION AND CONTENTS AND BENCHMARK
☐ YES ☐ NO

4. WASTES SURROUNDED BY SORBENT MATERIAL
☐ YES ☐ NO

5. DIVERSION STRUCTURES ARE EFFECTIVELY CONSTRUCTED AND PROPERLY MAINTAINED
☐ YES ☐ NO

6. EVIDENCE OF PONDING OF WATER ON SITE
☐ YES ☐ NO

7. EVIDENCE OF IMPROPER/INADEQUATE DRAINING
☐ YES ☐ NO

8. ADEQUATE LEACHATE COLLECTION SYSTEM *(If "Yes", specify Type)*
☐ YES ☐ NO

8a. SURFACE LEACHATE SPRING
☐ YES ☐ NO

9. RECORDS OF LEACHATE ANALYSIS
☐ YES ☐ NO

10. GAS MONITORING
☐ YES ☐ NO

11. GROUNDWATER MONITORING WELLS
☐ YES ☐ NO

12. ARTIFICIAL MEMBRANE LINER INSTALLED
☐ YES ☐ NO

13. SPECIFIC CONTAINMENT MEASURES *(Clay Bottom, Sides, etc)*
☐ YES ☐ NO

14. FIXATION *(Stabilization)* OF WASTE
☐ YES ☐ NO

15. ADEQUATE CLOSURE OF INACTIVE PORTION OF FACILITY
☐ YES ☐ NO

16. COVER *(Type)*

16a. THICKNESS

16b. PERMEABILITY

16c. DAILY APPLICATION
☐ YES ☐ NO

# LAND FARM SITE INSPECTION REPORT
*(Supplemental Report)*

**INSTRUCTION**
Answer and Explain as necessary.

1. STATE PERMIT
☐ YES ☐ NO

2. AREA *(Dimensions of Site)*

3. APPLICATION RATE

4. IMPROPER DISPOSAL OF UNAUTHORIZED MATERIALS IN LAND FARM
☐ YES ☐ NO

5. DIVERSION STRUCTURES ARE EFFECTIVELY CONSTRUCTED AND PROPERLY MAINTAINED
☐ YES ☐ NO

6. EVIDENCE OF PONDING OF LIQUID ON SITE
☐ YES ☐ NO

7. ODORS *(especially hydrogen sulfide) (If YES, indicate)*
☐ YES ☐ NO

N/A

8. GENERAL PHYSICAL APPEARANCE OF SOIL *(Color, Sand/Silt/Clay Content)*

9. VEGETATION ON LAND FARM

10. pH