

PERMIT ATTACHMENT 4: INSPECTION FORMS

Note: The Inspection Forms are provided in a specific format; however, alternative formats may be used to detail the information

BIOLOGY CHECKLIST FOR CHEMICAL WASTE LANDFILL COVER

Chemical Waste Landfill Post-Closure Inspection Form Biology Inspection Checklist for the CWL Cover

Mandatory requirement:
 The inspector has read the CWL Post-Closure Care Permit and activity-related procedures in the last 12 months, and completed all required training:
(Inspector must initial box before proceeding with the inspection.)
 Training records maintained at CAMU Administrative Trailer.

Approximate vegetative coverage (actively photosynthesizing): _____ %

Approximate percent native vegetation of the total vegetative cover: _____ %

Listed below are the main plant species identified as growing on the CWL cover and the percentage of the cover populated by each species.

<u>Scientific Name</u>	<u>Common Name (optional)</u>	<u>% of Cover¹</u>

Note: ¹ Percentage of total CWL cover populated by actively-photosynthesizing plants of this species

**Chemical Waste Landfill
Post-Closure Inspection Form
Biology Inspection Checklist
(continued)**

Are there any contiguous areas of no vegetation greater than 200 square feet? (approximately 14 x 14 ft)? _____

If "Yes," mark such areas on a map and attach to this checklist. Actively improve such area(s) as detailed in Permit Attachment 1, Section 1.9.1.3.

Are there any very deeply rooted (roots greater than 8 feet deep at maturity) plant species present on the cover? _____

If "Yes," describe the plant(s) and their general distribution, and remove plant(s) from the cover.

Notes: _____

Inspection for animal burrow intrusion into CWL cover

Are any burrows present on the cover? _____

Do any of the burrows appear to be active? _____

If burrows with an entrance diameter of 4 inches or greater are present or appear to be that of a species that is able to burrow 6 feet deep or greater, describe below and indicate the location(s) on a map and attach to this checklist. Take appropriate actions as necessary to repair cover system damage that exceeds prescribed limits.

Notes: _____

Biological Aspects Map -- [note: sketch map to locate specific features described above will be attached as appropriate]

Inspector's Signature: _____ Date: _____

Original to: Chemical Waste Landfill Operating Record

Copy to: Environmental Safety and Health (ES&H) and Security Records Center

**CHEMICAL WASTE LANDFILL
INSPECTION CHECKLIST
COVER SYSTEM / SURFACE WATER / SECURITY FENCE**

Chemical Waste Landfill Post-Closure Inspection Form Checklist for Cover System / Surface-Water / Security Fence

1. Date of Inspection _____
2. Time of Inspection _____
3. Name of Inspector _____

<p>Mandatory requirement: The inspector has read the CWL Post-Closure Care Permit and activity-related procedures in the last 12 months, and completed all required training: <input style="width: 50px; height: 20px;" type="checkbox"/> <i>(Inspector must initial box before proceeding with the inspection.)</i></p> <p>Training records maintained at CAMU Administrative Trailer.</p>
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Provide explanatory notes for each parameter not inspected or each action required. Include any remedial steps required.

I. COVER SYSTEM [Quarterly]			
<i>Inspection Parameter</i>	<i>Parameter Inspected (Yes or No)</i>	<i>Action Required (Yes or No)</i>	<i>Note Number</i>
A. Visible settlement of the soil cover in excess of 6 inches.			
B. Erosion of the soil cover in excess of 6 inches deep.			
C. Evidence of water ponding on the CWL cover surface in excess of 100 square feet.			
D. Animal intrusion burrows in excess of 4 inches in diameter. Note: For first 3 to 5 years this inspection requirement may be covered on the Cover Biology Checklist.			
E. Contiguous areas of no vegetation greater than 200 ft ² . Note: For first 3 to 5 years this inspection requirement may be covered on the Cover Biology Checklist.			

II. SURFACE-WATER (STORM-WATER) DIVERSION STRUCTURES [Quarterly]			
<i>Inspection Parameters</i>	<i>Parameter Inspected (Yes or No)</i>	<i>Action Required (Yes or No)</i>	<i>Note Number</i>
A. Channel or sidewall erosion in excess of 6 inches deep.			
B. Channel sediment accumulation in excess of 6 inches deep.			
C. Debris that blocks more than 1/3 of the channel width.			

**Chemical Waste Landfill
 Post-Closure Inspection Form
 Checklist for Cover System / Surface-Water / Security Fence (continued)**

III. SECURITY FENCE [Quarterly]			
<i>Inspection Parameters</i>	<i>Parameter Inspected (Yes or No)</i>	<i>Action Required (Yes or No)</i>	<i>Note Number</i>
A. Accumulation of wind-blown plants and debris.			
B. Fence wires and posts in need of repair/maintenance.			
C. Gates in need of oiling/repair/maintenance.			
D. Locks in need of cleaning or replacement.			
E. Warning signs in need of repair or replacement.			
F. Survey monuments in vicinity of CWL visible.			

IV. PREVIOUS DEFICIENCIES			
<i>Inspection Parameter</i>	<i>Parameter Inspected (Yes or No)</i>	<i>Action Required (Yes or No)</i>	<i>Note Number</i>
Uncorrected/undocumented previous deficiencies.			

**CHEMICAL WASTE LANDFILL
INSPECTION FORM
CHECKLIST FOR GROUNDWATER MONITORING LOCATIONS / SAMPLING
EQUIPMENT**

Chemical Waste Landfill Post-Closure Inspection Form Checklist for Groundwater Monitoring Locations / Sampling Equipment

1. Date of Inspection _____
2. Time of Inspection _____
3. Name of Inspector _____

<p><u>Mandatory requirement:</u> The inspector has read the CWL Post-Closure Care Permit and activity-related procedures in the last 12 months, and completed all required training: <i>(Inspector must initial box before proceeding with the inspection.)</i></p> <p>Training records maintained at CAMU Administrative Trailer.</p>
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Provide explanatory notes for each parameter not inspected or each action required. Include any remedial steps required.

I. GROUNDWATER MONITORING LOCATIONS [Semi-annually]			
<i>Inspection Parameter</i>	<i>Parameter Inspected (Yes or No)</i>	<i>Action Required (Yes or No)</i>	<i>Note Number</i>
A. Concrete pads, bollards, and protective casings in need of repair/maintenance.			
B. Well cover caps (e.g., PVC caps, J-Plug, or equivalent) in need of repair/maintenance.			
C. Well casing in need of repair/maintenance.			
D. Monitoring well properly labeled.			
E. Locks in need of cleaning or replacement.			

II. GROUNDWATER SAMPLING EQUIPMENT [Semi-annually]			
<i>Inspection Parameters</i>	<i>Parameter Inspected (Yes or No)</i>	<i>Action Required (Yes or No)</i>	<i>Note Number</i>
A. Sampling pump in need of repair/maintenance.			
B. Sampling assembly (e.g., tubing, gauges, and valves) in need of repair/maintenance.			

**CHEMICAL WASTE LANDFILL
INSPECTION FORM
CHECKLIST FOR SOIL-GAS MONITORING LOCATIONS / SAMPLING
EQUIPMENT**

Chemical Waste Landfill Post-Closure Inspection Form Checklist for Soil-Gas Monitoring Locations / Sampling Equipment

1. Date of Inspection _____
2. Time of Inspection _____
3. Name of Inspector _____

Mandatory requirement:
 The inspector has read the CWL Post-Closure Care Permit and activity-related procedures in the last 12 months, and completed all required training:
(Inspector must initial box before proceeding with the inspection.)

Training records maintained at CAMU Administrative Trailer.

Provide explanatory notes for each parameter not inspected or each action required. Include any remedial steps required.

I. SOIL-GAS MONITORING LOCATIONS [Annually]			
<i>Inspection Parameter</i>	<i>Parameter Inspected (Yes or No)</i>	<i>Action Required (Yes or No)</i>	<i>Note Number</i>
A. Concrete pads, bollards, and protective casings in need of repair/maintenance.			
B. Well cover caps (e.g., PVC caps, J-Plug , Swagelok [®] dust caps, passive venting Baroballs [™] , or equivalent) in need of repair/maintenance.			
C. Well casing or sampling ports in need of repair/maintenance.			
D. Monitoring location and sampling ports properly labeled.			
E. Locks in need of cleaning or replacement.			

II. SAMPLING EQUIPMENT [Annually]			
<i>Inspection Parameters</i>	<i>Parameter Inspected (Yes or No)</i>	<i>Action Required (Yes or No)</i>	<i>Note Number</i>
A. Sampling pump in need of repair/maintenance.			
B. Sampling assembly (e.g., tubing, gauges, and valves) in need of repair/maintenance.			

