

## **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 Cover<sup>1</sup></u>

Note: <sup>1</sup> 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 \_\_\_\_\_

<b>Mandatory requirement:</b>
The inspector has read the CWL Post-Closure Care Permit and activity-related procedures in the last 12 months, and completed all required training: <span style="float: right; border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></span> <i>(Inspector must initial box before proceeding with the inspection.)</i>
Training records maintained at CAMU Administrative Trailer.

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

<b>I. COVER SYSTEM [Quarterly]</b>			
<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 <sup>2</sup> . Note: For first 3 to 5 years this inspection requirement may be covered on the Cover Biology Checklist.			

<b>II. SURFACE-WATER (STORM-WATER) DIVERSION STRUCTURES [Quarterly]</b>			
<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)**

<b>III. SECURITY FENCE [Quarterly]</b>			
<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.			

<b>IV. PREVIOUS DEFICIENCIES</b>			
<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  
Post-Closure Inspection Form  
Checklist for Cover System / Surface-Water / Security Fence (continued)**

**NOTES**

<b>Note Number</b>	<b>Description</b>





**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 \_\_\_\_\_

**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.

<b>I. GROUNDWATER MONITORING LOCATIONS [Semi-annually]</b>			
<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.			

<b>II. GROUNDWATER SAMPLING EQUIPMENT [Semi-annually]</b>			
<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  
 Post-Closure Inspection Form  
 Checklist for Groundwater Monitoring Locations / Sampling Equipment  
 (continued)**

<b>III. PREVIOUS DEFICIENCIES</b>			
<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.			

**NOTES**

<b>Note Number</b>	<b>Description</b>

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

Action (Note Number) \_\_\_\_\_ assigned to \_\_\_\_\_ Date action completed \_\_\_\_\_

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Action (Note Number) \_\_\_\_\_ assigned to \_\_\_\_\_ Date action completed \_\_\_\_\_

**Additional Comments:**

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Inspector's Signature \_\_\_\_\_

Original to: Chemical Waste Landfill Operating Record

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

**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.

<b>I. SOIL-GAS MONITORING LOCATIONS [Annually]</b>			
<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 <sup>®</sup> dust caps, passive venting Baroballs <sup>™</sup> , 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.			

<b>II. SAMPLING EQUIPMENT [Annually]</b>			
<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  
Post-Closure Inspection Form  
Checklist for Soil-Gas Monitoring Locations / Sampling Equipment  
(continued)**

Action (Note Number) \_\_\_\_\_ assigned to \_\_\_\_\_ Date action completed \_\_\_\_\_

Action (Note Number) \_\_\_\_\_ assigned to \_\_\_\_\_ Date action completed \_\_\_\_\_

Action (Note Number) \_\_\_\_\_ assigned to \_\_\_\_\_ Date action completed \_\_\_\_\_

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Action (Note Number) \_\_\_\_\_ assigned to \_\_\_\_\_ Date action completed \_\_\_\_\_

**Additional Comments:**

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Inspector's Signature \_\_\_\_\_

Original to: Chemical Waste Landfill Operating Record

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