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To:	Cornelius Amindyas - NMED	Date:	March 31, 1998
From:	Patrick Corser - TerraMatrix	Reference:	602
Fax No:	(505) 827-1544	Charged Amt:	
Subject:	Triassic Park - Hazardous Waste Facility	No. of Pages:	5 (including cover)

Cornelius,

At the request of Mr. Larry Gandy, we are forwarding revised copies of the forms that are included in Appendix I of the Part B Permit submittal. Two of the forms had "Draft" indicated in the title. This was a typographic error and the word "Draft" has been removed. The revised pages have been dated March 1998-Rev.1.

Handwritten scribble

In addition, you requested in a fax dated March 27, 1998, that Gandy Marley, Inc. supply a list of possible companies and laboratories that could supply waste to the facility. The following is a list of possible companies that could supply waste for disposal. This list is not complete and could be expanded or reduced based on market conditions.

- Enron (Transwestern Pipeline Company)
- El Paso Energy
- GPM
- Phillips Petro
- Marathon
- Natural Gas Clearinghouse
- Kansas Nebraska Energy

If you have any questions, or require any additional information please contact us.

Patrick Corser, P.E.

cc: Dale Gandy 505-396-6887; Larry Gandy 505-398-6887

If you do not receive all pages, or if there are any problems with this transmission, please call 970-879-6260

**APPENDIX I
EXAMPLE INSPECTION SHEETS**

Landfill Inspection Checklist
(Inspection Frequency: Weekly and After Storms)

Inspector: _____

Date: _____

Time: _____

Physical Inspection (check each of the following)	Yes	No**	N/A
Evidence of deterioration or other abnormalities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of malfunction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of spills, leaks, odors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of improper operation of run-on and run-off control systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any sign of stormwater collection and holding unit liquid level increases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area warning signs correct, present, and legible (both danger and no smoking signs)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill equipment available and accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perimeter fence in good structural condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of particulate matter dispersion due to wind from landfill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leachate collection systems functioning properly?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of liquids removed from leak detection system?	_____		<input type="checkbox"/>

**For any "no" answer, complete the Remedial Actions section below.

Remedial Actions

Describe corrective action taken. _____

Date corrective action was taken. _____

Supervisor notified of problem Date _____ Time _____

Emergency Coordinator notified of problem Date _____ Time _____

(if appropriate)

This submittal supersedes all previous information

Container Storage Inspection Checklist
(Inspection Frequency: Weekly)

Inspector: _____

Date: _____ Time: _____

Container Storage Location (Building and Room, where applicable) _____

Physical Inspection (check each of the following)	Yes	No**	N/A
Container(s) located within authorized boundaries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area warning signs correct, present, and legible (both danger and no smoking signs)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary containment for containers with free liquids free of cracks and gaps (only applies to liquid storage areas)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary containment free of liquids (only applies to liquid storage areas?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Container hazardous waste labels correct and legible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EPA codes present on label?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All containers free of corrosion, buckles, dents, holes, damaged seams or other structural defects or deterioration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any signs of over pressurization in the drum(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area free of spillage, leakage, or other accumulated liquid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aisle space adequate and clear of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perimeter of building and roof in good structural condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill response equipment and PPE adequate, accessible, and in good working condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For any "no" answer, complete the Remedial Actions section below.

Remedial Actions

Describe corrective action taken . _____

Date corrective action was taken. _____

Supervisor notified of problem Date _____ Time _____

Emergency Coordinator notified of problem Date _____ Time _____

(if appropriate)

This submittal supersedes all previous information

Tank Storage Inspection Checklist

(Inspection Frequency: Daily)

Inspector: _____

Date: _____ Time: _____

Tank Location (Building and Room, where applicable) _____

Physical Inspection (check each of the following)	Yes	No**	N/A
Area warning signs correct, present, and legible (both danger and no smoking signs)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary containment free of cracks, gaps, erosion, or corrosion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary containment free of liquids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank and ancillary equipment in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous waste compatible with tank?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of leakage from tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of leakage from ancillary equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If visual inspection is means of leak detection, was last inspection within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank accessible (i.e., is the area leading to and in front of the tank clear of obstructions)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overfill prevention equipment present and operable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill response equipment adequate, accessible, and in good working condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Signs of incompatibility include temperature increases, fuming, or reactions.

**For any "no" answer, complete the Remedial Actions section below.

Remedial Actions

Describe corrective action taken. _____

Date corrective action was taken. _____

Supervisor notified of problem Date _____ Time _____

Emergency Coordinator notified of problem Date _____ Time _____

(if appropriate)

This submittal supersedes all previous information

Surface Impoundment Inspection Checklist (Inspection Frequency: Weekly and After Storms)
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Inspector: _____

Date: _____

Time: _____

Physical Inspection (check each of the following)	Yes	No**	N/A
Evidence of deterioration, severe erosion, or signs of containment malfunction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of overtopping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of sudden liquid level drop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper free board (2 feet) maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquid in leachate collection system? (Daily)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any leaks or malfunctions noted in leachate collection system?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any excessive sloughing or development of significant cracks developing in berms (could indicate liner slippage)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any sign of deterioration, leaks, or erosion in area surrounding surface impoundment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any sign of primary liner floating (could indicate leaks)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill equipment available and accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area warning signs correct, present, and legible (both danger and no smoking signs)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of liquids removed from leak detection system?	_____		<input type="checkbox"/>

**For any "no" answer, complete the Remedial Actions section below.

Remedial Actions

Describe corrective action taken _____

Date corrective action was taken _____

Supervisor notified of problem Date _____ Time _____

Emergency Coordinator notified of problem Date _____ Time _____

(If appropriate)

This submittal supersedes all previous information