



State of Utah

GARY HERBERT
Governor

GREG BELL
Lieutenant Governor

Department of
Environmental Quality

Amanda Smith
Executive Director

DIVISION OF SOLID AND
HAZARDOUS WASTE
Scott T. Anderson
Director

June 7, 2011

Gina Allen
Solid Waste Director
01 South Main Street
Brigham City, Utah 84302

RE: Inspection of Box Elder County Landfill

Dear Ms. Allen:

On May 10, 2011 members of my staff of the Division of Solid and Hazardous Waste inspected the Box Elder County Landfill. While you were away on travel that day, the cooperation and assistance of your landfill operator, Mr. Travis Limb, during the inspection, was appreciated. Mr. Mike Rhodes of the Bear River Health Department also participated in the inspection.

The operation of the landfill was good. The working face of the landfill seemed to be a little bit large to properly manage. However, it seemed to be controlled and cover in an efficient manner by the operator given the wet spring weather which has caused challenges and every landfill.

The landfill continues to be in compliance with the conditions of the current Permit and requirements of the Solid Waste Permitting and Management Rules for the areas inspected. If you have questions, please call Doug Taylor, Phil Burns or Ralph Bohn at 801-536-0200.

Sincerely,

Scott T. Anderson, Executive Secretary
Utah Solid and Hazardous Waste Control Board

STA/DT/kk

Enclosure: [Inspection Checklist](#), Photographs

c: Grant Koford, Environmental Health Director, Bear River Health Department

TN201000865

SOLID WASTE FACILITY INSPECTION REPORT CHECKLIST

UTAH DIVISION OF SOLID & HAZARDOUS WASTE

Facility Name Boxelder County Landfill County Boxelder
 Location 9595 West 6800 North, north and west of Brigham City.
 Inspection Date 5/10/11 Time In 11:30 am Time Out 12:30 pm
 Routine Oversight Follow up Monitoring Evaluation Facility Status Construction Review
 Announced Unannounced Weather Conditions Rainy and overcast, 47 degrees
 Inspection Goal Introduction and compliance
 Facility Contact Gina Allen
 Participants Travis Limb and Louise Taylor - Boxelder County Landfill, Mike Rhodes - BRHD, Doug Taylor and Scott Hopkins - DSHW
 FOLLOW UP INSPECTION NEEDED Yes No Recommended Follow Up Date _____

(X - indicates items reviewed)

1. PRE-INSPECTION REVIEW

<input type="checkbox"/>	1.1 Permit Review
<input type="checkbox"/>	1.2 Annual Report Review
<input checked="" type="checkbox"/>	1.3 Previous Inspection Review
<input type="checkbox"/>	1.4 Facility Contacts Confirmed
<input checked="" type="checkbox"/>	1.5 Facility Contacted (if announced inspection) Gina Allen - message left
<input checked="" type="checkbox"/>	1.6 Local Heath Contacted Mike Rhodes - Bear River Heath Department
<input type="checkbox"/>	1.7 Other

<input type="checkbox"/>	2.14 Other
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3. SIGNS REQUIRED / PROPERLY POSTED

<input checked="" type="checkbox"/>	3.1 Operating Days / Hrs.
<input checked="" type="checkbox"/>	3.2 Directions & Procedure
<input checked="" type="checkbox"/>	3.3 Emergency Numbers
<input checked="" type="checkbox"/>	3.4 List of Unacceptable Materials
<input type="checkbox"/>	3.5 Other

2. FACILITY / OPERATIONAL CONTROLS

<input checked="" type="checkbox"/>	2.1 Litter
<input checked="" type="checkbox"/>	2.2 Roads Excellent
<input checked="" type="checkbox"/>	2.3 Gate House Operations Organized and well run
<input type="checkbox"/>	2.4 Vectors
<input type="checkbox"/>	2.5 Communications
<input type="checkbox"/>	2.6 Recycling Area
<input type="checkbox"/>	2.7 Fugitive Dust Control
<input type="checkbox"/>	2.8 Waste Inspection Area
<input type="checkbox"/>	2.9 Scavenging Control
<input type="checkbox"/>	2.10 Open Burning
<input checked="" type="checkbox"/>	2.11 Fences, Gates, Locks, Access Control Well secured
<input checked="" type="checkbox"/>	2.12 Working Face sized
<input type="checkbox"/>	2.13 Leachate Collection System

4. OPERATOR / REPRESENTATIVE / EMPLOYEES

<input checked="" type="checkbox"/>	4.1 On-site while open
<input checked="" type="checkbox"/>	4.2 Training
<input type="checkbox"/>	4.3 Other

5. MONITORING

<input type="checkbox"/>	5.1 Methane
<input type="checkbox"/>	5.2 Random Inspections
<input type="checkbox"/>	5.3 Leachate
<input type="checkbox"/>	5.4 Ground Water
<input type="checkbox"/>	5.5 Other

6. DRAINAGE / EROSION

<input type="checkbox"/>	6.1 Water Run-on
<input type="checkbox"/>	6.2 Water Run-off

SOLID WASTE FACILITY INSPECTION REPORT

Date: 5/10/11

Facility Name: Boxelder County Landfill

<input type="checkbox"/>	6.3 Other
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7. PROPER STORAGE / ISOLATION / DISPOSAL

<input type="checkbox"/>	7.1 Special Waste
<input type="checkbox"/>	7.2 Batteries
<input type="checkbox"/>	7.3 Hazardous Waste
<input type="checkbox"/>	7.4 Infectious Waste
<input type="checkbox"/>	7.5 Tires
<input type="checkbox"/>	7.6 Dead Animals
<input type="checkbox"/>	7.7 Asbestos
<input type="checkbox"/>	7.8 Bulky Waste
<input type="checkbox"/>	7.9 Contaminated Soil
<input type="checkbox"/>	7.10 Ash
<input type="checkbox"/>	7.11 Sludge
<input type="checkbox"/>	7.12 Other

8. COVER

<input type="checkbox"/>	8.1 Daily - Soil
<input type="checkbox"/>	8.2 Daily - Alternative
<input type="checkbox"/>	8.3 Intermediate
<input type="checkbox"/>	8.4 Final
<input type="checkbox"/>	8.5 Vegetation
<input type="checkbox"/>	8.6 Other

9. INSPECTION RECORDS

<input checked="" type="checkbox"/>	9.1 Random Inspection Report
Good records	
<input type="checkbox"/>	9.2 Gas Monitoring System
<input type="checkbox"/>	9.3 Surface Drainage Control
<input type="checkbox"/>	9.4 Daily Records
<input type="checkbox"/>	9.5 Weight or Volumes
<input type="checkbox"/>	9.6 Intermediate Cover

<input type="checkbox"/>	9.7 Final Cover
<input type="checkbox"/>	9.8 Self Inspection (Quarterly) Reports
<input type="checkbox"/>	9.9 Deviation from Plans
<input type="checkbox"/>	9.10 Permit, Permit Application and Rules Available
<input type="checkbox"/>	9.11 Other

10. MONITORING / SAMPLING / ANALYSIS RECORDS

<input type="checkbox"/>	10.1 Explosive Gas Monitoring
<input type="checkbox"/>	10.2 Leachate Sampling & Treatment
<input type="checkbox"/>	10.3 Ground Water Sampling Results
<input type="checkbox"/>	10.4 Other

11. SPECIAL WASTE RECORDS

<input type="checkbox"/>	11.1 Lab Analysis Results
<input checked="" type="checkbox"/>	11.2 Manifests
Good	
<input type="checkbox"/>	11.3 Treatment Certification
<input type="checkbox"/>	11.4 Paint Filter Test Results
<input type="checkbox"/>	11.5 Onsite Treatment Documentation
<input checked="" type="checkbox"/>	11.6 Other
Refrigerant recovery records good	

12. SPECIAL PERMIT REQUIREMENTS

<input type="checkbox"/>	12.1
<input type="checkbox"/>	12.2
<input type="checkbox"/>	12.3

13. OTHER ITEMS

<input type="checkbox"/>	13.1 Notice of Inspections Form Completed and Signed
<input type="checkbox"/>	13.2
<input type="checkbox"/>	13.3
<input type="checkbox"/>	13.4
<input type="checkbox"/>	13.5

DSHW Inspector Signature: _____

DSHW Inspector Name (type or print): Doug Taylor

Date: 5/11/11

Box Elder County Landfill

May 10, 2011



Working Face showing equipment compacting and unloading



Working face close up



Roads



East Autoliv Evaporation Pond