

**APPENDIX IX-A**

**SITE POST-CLOSURE INSPECTION PLAN**

CLEAN HARBORS GRASSY MOUNTAIN, LLC  
POST-CLOSURE INSPECTION PLAN

**I. PURPOSE**

The Post-Closure inspection program is designed to be protective of human health and the environment by routine examination of post-closure care units and monitoring, maintenance and security equipment which, in the event of malfunction or deterioration and is not corrected within a timely manner, could jeopardize the health of persons and/or affect the environment at the facility. Inspections are based upon a schedule which identifies potential or actual non-compliance status of a unit or equipment in a manner that allows the owner/operator adequate time to repair or correct the deficiency found by the inspection.

**II. SCOPE**

Personnel conducting inspections (the Inspector) performs, at a minimum, the required inspections in accordance with the Frequency Schedule (listed below) and documents the inspection findings. For unacceptable conditions found during the inspections that cannot be corrected within 24 hours of identifying the condition, the Inspector issues "Remedial Work Orders (RWOs)". These work orders will be immediately sent to the Manager responsible for the closed facility. That manager will inform the Director of the Utah Division of Solid and Hazardous Waste within 24 hours if the RWO is for issues that endanger human health or the environment.

Inspectors possess the necessary qualifications and are trained to enable them to perform their duties according to the requirements of the Utah Admin. Code (UAC R315).

**III. INSPECTION DOCUMENTATION**

Post-closure inspections are performed, at a minimum, according to the frequency specified in the Inspection Schedule (listed below). The schedule outlines the minimum number of required inspection items and events which adequately assesses the condition of the units, equipment and/or containment structure inspected. At the discretion of the Inspector, or if so directed by the post-closure manager, the frequency of any inspection type (i.e. daily, weekly, monthly, annually) may be increased. The frequency can never be decreased from the approved schedule listed in the permit unless approved by the Director.

Inspection Forms are used for inspection documentation. An Inspection Form must document the date, time of inspection, name of the Inspector, the status of each inspected item, the reason for each "not ok" status checked and either the date corrective action was taken along with the initials of the person making that declaration or reference to a Remedial Work Order (RWO).

For the convenience of the Inspectors, certain non-Post-Closure inspection items may be included on the Inspection Forms. Such items may be added or deleted at the facility's discretion. Non-Post-closure inspection items will be identified as such on the form.

All Post-closure Inspection Forms and associated documents (i.e. RWO's, survey notes, test results) will be incorporated into the facility's Operating Record. These records will be maintained at the facility in a readily available location and maintained for a minimum of three years from the applicable record's inspection date.

**IV. INSPECTION DOCUMENTATION PROCEDURES**

1. Fill in all of the appropriate blanks on the form (e.g., date, time, etc.).
2. Print and sign your name.
3. Inspect the items as indicated by the frequency as outlined in the schedule.
4. If inspection item is "OK", indicate by marking next to the item in the appropriate column.
5. If inspection item is "NOT OK", indicate by marking next to the item in the appropriate column and describe the problem in the adjacent column.
6. For items that are corrected within 24 hours, the person verifying that the item was corrected writes on the inspection form the date it was corrected and his/her initials.
7. For items that cannot be promptly corrected (e.g., within 24 hours), complete a Remedial Work Order (RWO) and submit immediately to the post-closure manager and indicate on the inspection form that a RWO was written.
8. When a RWO problem is resolved, describe the solution on the RWO form, initial and note the date that remedial action was taken.

**V. INSPECTION SCHEDULE**

|                              |  |
|------------------------------|--|
| <b>SITE PERIMETER</b>        | <b>INSPECTION ELEMENT: WEEKLY</b>                          |
| SECURITY FENCE:<br>(PC-RW01) | Inspect for integrity, breaks or damage                    |
|                              | Check for erosion which would allow for unauthorized entry |
|                              | Check gates for proper function                            |

|  |   |
|--|---|
|  | Check for presence of warning signs at proper intervals (no more than 120 feet apart) and at all gates        |
|  | Inspect signs for deterioration (fading, damage, etc.)  |
| PERIMETER RUN-OFF DIKES:<br>(PC-RW01)  | Check for evidence of erosion, severe settling, signs of burrowing animals or deterioration                   |
| <b>SITE PERIMETER AND LANDFILL CELLS</b>                                       |   |
|  | <b>INSPECTION ELEMENT: WITHIN 24 HOURS OF THE END OF A STORM EVENT</b> (0.5 inches precipitation in 24 hours) |
| PERIMETER RUN-OFF DIKES:<br>(PC-RAIN-1)  | Check for evidence of erosion, severe settling, signs of burrowing animals or deterioration                   |
| CELLS: (PC-RAIN-1)   | Check for erosion, settling and subsidence  |
| <b>SITE MONITORING SYSTEMS</b>   |   |
|  | <b>INSPECTION ELEMENT: DAILY</b>  |
| MONITORING WELLS and PIEZOMETERS OUTSIDE THE SITE SECURITY FENCE:<br>(PC-RD01) | Check wells for damage to casing and cover security   |
|  | Check for evidence of tampering with lock or cap  |
|  | Check for well visibility and accessible to personnel   |
| METEROROLOGICAL STATION: (PC-RD02)   | Check for proper operation of all instruments and recording devices.  |
|  | Check for presence of the data logbook.   |
| <b>SITE MONITORING SYSTEMS</b>   |   |
|  | <b>INSPECTION ELEMENT: WEEKLY</b>   |
| MONITORING WELLS and PIEZOMETERS INSIDE THE SITE SECURITY FENCE:<br>(PC-RW02)  | Check wells for damage to casing and cover security   |
|  | Check for evidence of tampering with lock or cap  |
|  | Check for well visibility and accessible to personnel   |
| ALL LANDFILL CELLS:<br>LEACHATE: (PC-RW03)                                     | Check leachate collection risers for secure caps.   |

|  |  |
|--|--|
| LANDFILL CELLS: (PC-RW03)  | Check for erosion, settling and subsidence   |
| <b>SITE MONITORING SYSTEMS</b>                                       |  |
| <b>INSPECTION ELEMENT: ANNUAL</b>                                    |  |
| MONITORING WELLS:<br>(PC-RA01)                                       | Check for proper operation of pumps  |
|  | Check for insect infestation of casing   |
| <b>LANDFILL SYSTEMS</b>  |  |
| <b>INSPECTION ELEMENT: Per Pumping Schedule in Post-Closure Plan</b> |  |
| ALL CELLS:<br>LEACHATE: (PC-SCHED-1)                                 | Inspect for the presence of liquids or leachate and the proper functioning of the leachate detection/collection systems in all risers.   |
|  | Check leachate pump for operation  |
|  | Pump Leachate  |
| LEACHATE COLLECTION ROADS (PC-SCHED-1)                               | Check for evidence of spills or leaks  |
| <b>TANK SYSTEMS</b>  |  |
| <b>INSPECTION ELEMENT: DAILY</b>                                     |  |
| LEACHATE STORAGE:<br>(PC-RD03)                                       | Check the following for proper operation:  |
|  | 1. Manual operating valves   |
|  | 2. High level alarms <ul style="list-style-type: none"> <li>• power source</li> <li>• operating mechanisms</li> <li>• protective overlays</li> <li>• sounding mechanism</li> </ul> |
|  | 3. Check valve, piping, and pumps  |
|  | 4. Discharge controls  |
| LEACHATE SECONDARY   | Check for liquid in sump(s)  |

|                                  |  |
|----------------------------------|--|
| CONTAINMENT: (PC-RD03)           | Check for cracks in cement   |
|                                  | Inspect area around tank system for evidence of leaking (discoloration, vegetative stress) |
| LEACHATE TANK SYSTEMS: (PC-RD03) | Check liquid level log for entry   |
|                                  | Check for evidence of corrosion, deterioration, or leaking (ancillary equipment)           |
| TRANSFER AREA: (PC-RD03)         | Check tank unloading areas for evidence of spills  |

**APPENDIX IX-B**

**POST-CLOSURE INSPECTION FORMS**

| Date of Inspection: _____ Time: _____ AM/PM                 |  |        |           |                             | PAGE <u>1</u> OF <u>1</u>              |        |
|---|--|--------|-----------|-----------------------------|--|--------|
| <b>LANDFILL SYSTEMS</b>                                     |  |        |           |                             |  |        |
| <b>Per Pumping Schedule in Post-Closure Plan</b>            |  |        |           |                             |  |        |
| EQUIPMENT /<br>STRUCTURE/ ITEM                              | INSPECTION ELEMENT   | STATUS |           | IF "NOT OK" STATE<br>REASON | DATE & TIME<br>CORRECTED<br>& INITIALS |        |
|   |  | OK     | NOT<br>OK |                             |  |        |
| ALL CELLS:<br>LEACHATE, ALL<br>RISERS:                      | Check for the presence<br>of leachate in and the<br>proper functioning of the<br>detection system. |        |           |                             |  |        |
|   | Check leachate pump for<br>operation   |        |           |                             |  |        |
|   | Pump Leachate  |        |           |                             |  |        |
| LEACHATE<br>COLLECTION<br>ROADS                             | Check for evidence of<br>spills or leaks   |        |           |                             |  |        |
| Inspector's Name: _____ Inspector's Signature: _____        |  |        |           |                             |  |        |
| COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN): |  |        |           |                             |  |        |
| <b>IF STATUS NOT OK, MARK THE FOLLOWING</b>                 |  |        |           |                             |  |        |
| ENVIRONMENTAL DEPARTMENT CONTACTED:                         |  |        |           |                             | ( ) YES                                | ( ) NO |
| REMEDIAL WORK ORDER ISSUED:                                 |  |        |           |                             | ( ) YES                                | ( ) NO |
| WORK ORDER # _____  |  |        |           |                             |  |        |

**CLEAN HARBORS GRASSY MOUNTAIN, LLC**  
**Grassy Mountain Facility Inspection Record**

Date of Inspection: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM PAGE 1 OF 1  
**LANDFILL SYSTEMS**

| EQUIPMENT /<br>STRUCTURE/ ITEM         | INSPECTION ELEMENT                                   | STATUS |           | IF "NOT OK" STATE<br>REASON | DATE & TIME<br>CORRECTED<br>& INITIALS |
|--|--|--------|-----------|-----------------------------|--|
|  |  | OK     | NOT<br>OK |                             |  |
| ALL CELLS /<br>LEACHATE ALL<br>RISERS: | Check leachate collection<br>risers for secure caps. |        |           |                             |  |
| LANDFILL CELLS:                        | Check for erosion,<br>settling and subsidence        |        |           |                             |  |

Inspector's Name: \_\_\_\_\_ Inspector's Signature: \_\_\_\_\_

COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):

IF STATUS NOT OK, MARK THE FOLLOWING

ENVIRONMENTAL DEPARTMENT CONTACTED:  YES  NO

REMEDIAL WORK ORDER ISSUED:  YES WORK ORDER # \_\_\_\_\_  NO

**CLEAN HARBORS GRASSY MOUNTAIN, LLC**  
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Date of Inspection: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM PAGE 1 of 1  
**SITE MONITORING SYSTEM**

| EQUIPMENT /<br>STRUCTURE/ ITEM | INSPECTION ELEMENT   | STATUS |           | IF "NOT OK" STATE<br>REASON | DATE & TIME<br>CORRECTE<br>D & INITIALS |
|--------------------------------|--|--------|-----------|-----------------------------|---|
|                                |  | OK     | NOT<br>OK |                             |   |
| MONITORING<br>WELLS:           | Check wells for damage to casing and security of the covers. |        |           |                             |   |
|                                | Check for evidence of tampering with the lock or cap.        |        |           |                             |   |
|                                | Check for well visibility and accessibility to personnel.    |        |           |                             |   |
|                                |  |        |           |                             |   |

|    |     |     |         |    |    |  |
|----|-----|-----|---------|----|----|--|
| 2  | 16  | 28  | 40A     | 50 | 68 |  |
| 4  | 17  | 29A | 41      | 51 | 69 |  |
| 5  | 18A | 30A | 42      | 52 | 70 |  |
| 6  | 19A | 31  | 43      | 53 | 71 |  |
| 7  | 20  | 32A | 44      | 54 | 72 |  |
| 9  | 21  | 33  | 45      | 55 | 73 |  |
| 10 | 22  | 34  | 46      | 56 | 74 |  |
| 11 | 23  | 35  | PXY     | 57 | 75 |  |
| 12 | 24  | 36  | P4A,B,C | 58 | 76 |  |
| 13 | 25  | 37A | 47      | 59 | 77 |  |
| 14 | 26  | 38A | 48      | 60 | 78 |  |
| 15 | 27A | 39  | 49      | 67 | 79 |  |

Inspector's Name: \_\_\_\_\_ Inspector's Signature: \_\_\_\_\_

COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

IF STATUS NOT OK, MARK THE FOLLOWING

ENVIRONMENTAL DEPARTMENT CONTACTED: ( ) YES ( ) NO

REMEDIAL WORK ORDER ISSUED: ( ) YES WORK ORDER # \_\_\_\_\_ ( ) NO

**CLEAN HARBORS GRASSY MOUNTAIN, LLC**  
**Grassy Mountain Facility Inspection Record**

| Date of Inspection: _____ Time: _____ AM/PM                   |   | PAGE <u>1</u> OF <u>1</u> |           |                             |  |
|---|---|---------------------------|-----------|-----------------------------|--|
| <b>SITE PERIMETER</b>   |   |                           |           |                             |  |
| EQUIPMENT /<br>STRUCTURE/<br>ITEM                             | INSPECTION ELEMENT  | STATUS                    |           | IF "NOT OK" STATE<br>REASON | DATE & TIME<br>CORRECTED<br>& INITIALS |
|   |   | OK                        | NOT<br>OK |                             |  |
| PERIMETER<br>RUN-OFF<br>DIKES                                 | Check for evidence of erosion,<br>severe settling, signs of<br>burrowing animals or<br>deterioration.   |                           |           |                             |  |
| SECURITY<br>FENCE:  | Inspect for integrity, breaks of<br>damage  |                           |           |                             |  |
|   | Check for erosion that would<br>allow for unauthorized entry.   |                           |           |                             |  |
|   | Check gates for proper function   |                           |           |                             |  |
|   | Check for presence of warning<br>signs at proper intervals ( $\leq 120$<br>feet apart) and at all gates |                           |           |                             |  |
|   | Inspect signs for deterioration<br>(fading, damage, etc.)   |                           |           |                             |  |
| Inspector's Name: _____ Inspector's Signature:<br>_____       |   |                           |           |                             |  |
| COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):   |   |                           |           |                             |  |
| IF STATUS NOT OK, MARK THE FOLLOWING                          |   |                           |           |                             |  |
| ENVIRONMENTAL DEPARTMENT CONTACTED: ( ) YES ( ) NO            |   |                           |           |                             |  |
| REMEDIAL WORK ORDER ISSUED: ( ) YES WORK ORDER # _____ ( ) NO |   |                           |           |                             |  |

**CLEAN HARBORS GRASSY MOUNTAIN, LLC**  
**Grassy Mountain Facility Inspection Record**

| Date of Inspection: _____ Time: _____ AM/PM                   |  |        |           |                             | PAGE <u>1</u> OF <u>1</u>              |  |
|---|--|--------|-----------|-----------------------------|--|--|
| <b>LEACHATE STORAGE TANK SYSTEM</b>                           |  |        |           |                             |  |  |
| EQUIPMENT /<br>STRUCTURE/ ITEM                                | INSPECTION ELEMENT   | STATUS |           | IF "NOT OK" STATE<br>REASON | DATE & TIME<br>CORRECTED<br>& INITIALS |  |
|   |  | OK     | NOT<br>OK |                             |  |  |
| LEACHATE<br>STORAGE TANK<br>SYSTEM:                           | Check proper operation of<br>manual operating valves                                       |        |           |                             |  |  |
|   | Check proper operation of<br>high level alarms   |        |           |                             |  |  |
|   | Check proper operation of<br>check valve, piping &<br>pumps                                |        |           |                             |  |  |
|   | Check proper operation of<br>discharge controls  |        |           |                             |  |  |
|   | Check for evidence of<br>corrosion, deterioration, or<br>leaking (ancillary<br>equipment). |        |           |                             |  |  |
|   | Check for liquid level log<br>for entry.   |        |           |                             |  |  |
| LEACHATE<br>SECONDARY<br>CONTAINMENT:                         | Check area around tank<br>system for evidence of<br>leaking (discoloration, etc.)          |        |           |                             |  |  |
|   | Check for liquid in sumps.   |        |           |                             |  |  |
|   | Check for cracks in the<br>cement  |        |           |                             |  |  |
| TRANSFER AREA:  | Check tank unloading<br>areas for evidence of spills                                       |        |           |                             |  |  |
| Inspector's Name: _____ Inspector's Signature: _____          |  |        |           |                             |  |  |
| COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):   |  |        |           |                             |  |  |
|   |  |        |           |                             |  |  |
| <u>IF STATUS NOT OK, MARK THE FOLLOWING</u>                   |  |        |           |                             |  |  |
| ENVIRONMENTAL DEPARTMENT CONTACTED: ( ) YES ( ) NO            |  |        |           |                             |  |  |
| REMEDIAL WORK ORDER ISSUED: ( ) YES WORK ORDER # _____ ( ) NO |  |        |           |                             |  |  |

**CLEAN HARBORS GRASSY MOUNTAIN, LLC**  
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| Date of Inspection: _____ Time: _____ AM/PM                 |   |        |           |                             | PAGE <u>1</u> OF <u>1</u>              |        |
|---|---|--------|-----------|-----------------------------|--|--------|
| <b>SITE MONITORING SYSTEMS</b>                              |   |        |           |                             |  |        |
| EQUIPMENT /<br>STRUCTURE/ ITEM                              | INSPECTION ELEMENT  | STATUS |           | IF "NOT OK" STATE<br>REASON | DATE & TIME<br>CORRECTED<br>& INITIALS |        |
|   |   | OK     | NOT<br>OK |                             |  |        |
| METEOROLOGICAL<br>STATION:                                  | Check for proper<br>operation of all<br>instruments and<br>recording devices. |        |           |                             |  |        |
|   | Check for presence of<br>the data logbook.                                    |        |           |                             |  |        |
| Inspector's Name: _____ Inspector's Signature: _____        |   |        |           |                             |  |        |
| COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN): |   |        |           |                             |  |        |
| <u>IF STATUS NOT OK, MARK THE FOLLOWING</u>                 |   |        |           |                             |  |        |
| ENVIRONMENTAL DEPARTMENT CONTACTED:                         |   |        |           |                             | ( ) YES                                | ( ) NO |
| REMEDIAL WORK ORDER ISSUED:                                 |   |        |           |                             | ( ) YES                                | ( ) NO |
| WORK ORDER # _____  |   |        |           |                             |  |        |

**CLEAN HARBORS GRASSY MOUNTAIN, LLC**  
**Grassy Mountain Facility Inspection Record**

Date of Inspection: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM PAGE 1 OF 1

**SITE MONITORING SYSTEM**

| EQUIPMENT /<br>STRUCTURE/<br>ITEM   | INSPECTION ELEMENT   | STATUS |           | IF "NOT OK" STATE<br>REASON | DATE & TIME<br>CORRECTED<br>& INITIALS |
|---|--|--------|-----------|-----------------------------|--|
|   |  | OK     | NOT<br>OK |                             |  |
| MONITORING<br>WELLS and<br>PIEZOMETERS<br>OUTSIDE<br>THE SITE<br>SECURITY<br>FENCE: | Check wells for damage to casing and security of the covers. |        |           |                             |  |
|   | Check for evidence of tampering with the lock or cap.        |        |           |                             |  |
|   | Check for well visibility and accessibility to personnel.    |        |           |                             |  |

|    |    |         |    |    |    |    |
|----|----|---------|----|----|----|----|
| 1  | 8  | P1      | P3 | P4 | P5 | P6 |
| P7 | P8 | P3A,B,C |    |    |    |    |

Inspector's Name: \_\_\_\_\_ Inspector's Signature: \_\_\_\_\_

COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):

IF STATUS NOT OK, MARK THE FOLLOWING

ENVIRONMENTAL DEPARTMENT CONTACTED: ( ) YES ( ) NO  
 REMEDIAL WORK ORDER ISSUED: ( ) YES WORK ORDER # \_\_\_\_\_ ( ) NO



