

**ATTACHMENT II-3**

**SITE INSPECTION PLAN**



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**SITE INSPECTION PLAN**

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APPENDIX I INSPECTION FORMS



## **CLEAN HARBORS GRASSY MOUNTAIN FACILITY SITE INSPECTION PLAN**

### **I. PURPOSE**

The inspection program is designed to assure protection of human health and the environment in areas that are subject to the Resource Conservation Recovery Act, and the portions of the facility that are subject to the Toxic Substance Control Act (TSCA). These include the PCB Tank Farm, PCB Storage Building and their ancillary equipment and piping. The program consists of routine inspection of permitted units, such as containers, tanks and container storage facilities, groundwater monitoring wells and hazardous waste landfills. Inspections are conducted in accordance with the schedule provided in this plan. The inspection identifies the compliance status of a unit, equipment or containment structure. Deficiencies documented during inspections will be subject to the procedures of Section IV of this plan. Inspections of PCB areas are addressed in Module X of the Permit.

### **II. SCOPE**

The facility's General Manager shall be ultimately responsible for the implementation of the inspection program. The General Manager can delegate this responsibility to other facility management personnel. Personnel conducting inspections (the Inspector) shall perform, at a minimum, the required inspections in accordance with the Frequency Schedule and document the inspection findings. For unacceptable conditions found during the inspections, the Inspector shall issue a "Remedial Work Order" (RWO) when the condition or deficiency cannot be corrected within 24 hours of identifying the deficient condition. An Inspector shall perform a re-inspection to verify the correction or repair. If the inspection parameter cannot be corrected within 72 hours, a schedule for the repair of the deficiency shall be submitted to the Director, as per Condition II.G.1.

Inspectors shall possess the necessary qualifications and shall be trained to enable them to perform their duties according to the requirements of the Rules (Utah Admin. Code R315). Refer to the Personnel Training Plan (Attachment II-4).

### **III. INSPECTION DOCUMENTATION**

Inspections shall be performed, at a minimum, according to the frequency specified in the Inspection Schedule, Section V below. The schedule outlines the minimum number of required inspection items and events which assesses the condition of the units, equipment and storage building or area inspected. At the discretion of the Inspector, or if so directed by facility management, the frequency of any inspection type (i.e. daily, weekly, monthly, annually) can be

increased. The frequency can never be decreased from the approved schedule listed in the permit unless approved by the Director.

Inspection Forms shall be used for inspection documentation. Inspection forms can consist of written hardcopy or equivalent electronic format. Electronic inspection data must be available to the Division representatives in hardcopy, or other compatible format, upon request. An Inspection Form shall 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 the determination, or reference a Remedial Work Order (RWO).

For the convenience of the Inspectors, certain non-RCRA inspection items can be included on the Inspection Forms. Such items can be added or deleted at the facility's discretion. Non-RCRA inspection items shall be identified as such on the form.

All RCRA Inspection Forms and associated documents (i.e. RWO's, survey notes, test results) shall be incorporated into the facility's Operating Record. These records shall be maintained at the facility in a readily available location and maintained for a minimum of three (3) years from the applicable record's inspection date.

#### **IV. THE FOLLOWING INSPECTION DOCUMENTATION PROCEDURES SHALL BE FOLLOWED:**

1. Fill in all of the appropriate blanks on the form (e.g., date, time, etc.).
2. Print and sign your name if in written hardcopy format. Electronic forms will be identified by computer user login identifications.
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 will write 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 to management and indicate on the inspection form that a RWO was written and the number of the RWO.
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. GRASSY MOUNTAIN FACILITY: INSPECTION SCHEDULE**

## GRASSY MOUNTAIN FACILITY: INSPECTION SCHEDULE

<b>SITE PERIMETER</b>	<b>INSPECTION ELEMENT: DAILY</b>
SECURITY GATE: (RD01)	Check guard visitor log for current entry
SECURITY LIGHTING: (RD01)	Check operability of facility interior lighting in waste management areas
SECURITY FENCE: (RD01)	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 (120 feet or less) and at all gates
	Inspect signs for deterioration (fading, damage, etc.)
<b>SITE PERIMETER</b>	<b>INSPECTION ELEMENT: WEEKLY</b>
PERIMETER RUN-OFF DIKES: (RW01)	Check for evidence of erosion, severe settling, signs of burrowing animals or deterioration
<b>SAFETY/EMERGENCY EQUIPMENT</b>	<b>INSPECTION ELEMENT: DAILY</b>
EMERGENCY RESPONSE TRAILER: (RD04)	Check security tag. If tag is broken or missing, check inventory for presence of all listed equipment
COMMUNICATION EQUIPMENT: (RD04)	Check telephone system to ensure connection and operation of outside line
	Check telephone system for "all page"
	Check Citizens Band Radio
	Check hand-held and base station radio
WIND SOCK: (RD04)	Check for presence

## GRASSY MOUNTAIN FACILITY: INSPECTION SCHEDULE

<b>SAFETY/EMERGENCY EQUIPMENT</b>	<b>INSPECTION ELEMENT: WEEKLY</b>
SELF-CONTAINED BREATHING APPARATUS: (RW05)	Check for air pressure at least seventy-five percent (75%)
	Check unit for deterioration or damage
OVERPACKS AND ABSORBENT SUPPLY: (RW05)	Check for a minimum of two (2) empty, overpack drums
	Check for stabilization or solidification agent supply
EMERGENCY SIREN: (RW05)	Operate siren for ten to twenty (10-20) seconds
FIRE FIGHTING WATER SUPPLY: (RW02)	Check storage tanks (5 ea.) for at least ninety percent (90%) capacity
FIRE HYDRANTS / HOSES: (RW02)	Check for adequate access Start pump, pressurize lines and open hydrant valves to ensure operational status
	Check for damage or deterioration
EYEWASH / SHOWERS: (RW02) (in lab and operations areas) (see Att II-6, Table 4-2)	Check operational status
	Check for damage or deterioration
<b>SAFETY/EMERGENCY EQUIPMENT</b>	<b>INSPECTION ELEMENT: MONTHLY</b>
FIRE EXTINGUISHERS (RM01) (see Att II-6, Table 4-1)	Inspect tags for expiration dates
	Inspect pressure gauges for adequate pressure
EMERGENCY GENERATOR (RM01) (Admin and Ops)	Start and operate to ensure functional status
FIRST AID KITS (RM01)	Inspect to ensure adequate inventory of contents
<b>SAFETY/EMERGENCY</b>	<b>INSPECTION ELEMENT: QUARTERLY</b>

## GRASSY MOUNTAIN FACILITY: INSPECTION SCHEDULE

CONTINGENCY PLAN DRILL (RQ01)	Conduct a simulation of one of the contingency plan emergency situations.
<b>SAFETY/EMERGENCY EQUIPMENT</b>	<b>INSPECTION ELEMENT: SEMI-ANNUALLY</b>
FIREFIGHTING WATER SUPPLY SYSTEM: (RS01)	Start pump, pressurize lines and open hydrant valves to insure operational status
	Unroll and pressurize firehoses and check for deterioration
	Check firefighting nozzles
<b>CONTAINER MANAGEMENT UNIT</b>	<b>INSPECTION ELEMENT: DAILY (WHEN DRUM DOCK IS STAFFED)</b>
DRUM DOCK AND PADS: (RD05)	Maximum container inventory in each area and record number
	Check for correct aisle space
	Check for "inspection aisles"
	Check dock loading/unloading area and pad(s) for evidence of spills
	Visually evaluate containers for leaks, severe corrosion or deterioration, record load number(s) if appropriate
	Check for labels on all containers
DRUM DOCK AND PADS: (RD06)	Check drum dock and pads to ensure incompatible wastes are segregated
	Check each container closure seals (bung, lid sealing ring, if appropriate)
	Check sumps for liquids
	Check for transfer loads nearing nine (9) days (10 day maximum)
PCB Storage Building	(See Module X)

## GRASSY MOUNTAIN FACILITY: INSPECTION SCHEDULE

<b>BULK CONTAINER STORAGE</b> (RD07)	<b>INSPECTION ELEMENT: DAILY</b>
	Maximum container inventory and record number in each area
	Check for leaking containers
	Check for load labels and arrival date nearing 90 days
	Check containers for secure lids / tarps in good condition and secure
	Check areas for discoloration, debris
	Check daily inventory for accuracy and location of containers
<b>CONTAINER MANAGEMENT UNIT</b>	<b>INSPECTION ELEMENT: WEEKLY</b>
DRUM DOCK AND PADS: (RW04)	Check base and berm for cracks, gaps, flaking, chips and gouges
	Check roof for leaks, tears or deterioration
	Verify container inventory for accuracy.
	Check for drum stabilization in designated area(s)
<b>CONTAINER MANAGEMENT UNIT</b>	<b>INSPECTION ELEMENT: MONTHLY</b>
DRUM DOCK SECONDARY CONTAINMENT: (RM02)	Inspect secondary containment (including sumps) for cracks, gaps, and clean
<b>CONTAINER MANAGEMENT UNIT</b>	<b>INSPECTION ELEMENT: ANNUALLY</b>

## GRASSY MOUNTAIN FACILITY: INSPECTION SCHEDULE

<b>SITE MONITORING SYSTEMS</b>	<b>INSPECTION ELEMENT: DAILY</b>
MONITORING WELLS & PIEZOMETERS OUTSIDE THE SITE SECURITY FENCE: (RD02)	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: (RD03)	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: (RW09)	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
<b>SITE MONITORING SYSTEMS</b>	<b>INSPECTION ELEMENT: ANNUAL</b>
MONITORING WELLS: (RA01)	Check for proper operation of pumps
	Check for insect infestation of casing
<b>SURFACE IMPOUNDMENT (RD08)</b>	<b>INSPECTION ELEMENT: DAILY</b>
	Check for three feet (3') freeboard
	Check loading/unloading areas for evidence of spills

## GRASSY MOUNTAIN FACILITY: INSPECTION SCHEDULE

<b>SURFACE IMPOUNDMENT</b> (RW03)	<b>INSPECTION ELEMENT: WEEKLY</b>
	Visually inspect dikes for: 1. Vegetation that could be damaging 2. Burrowing animals 3. Evidence of erosion, leaks or deterioration
	Inspect dikes run-on/run-off ditches and drains for deterioration, improper operations or erosion
	Inspect synthetic liners where exposed for cracks, tears and signs of deterioration
	Check leachate collection risers for secure caps and check for the presence of leachate in and the proper functioning of the detection system.
<b>LANDFILL SYSTEMS</b>	
ALL CELLS: (RD13)	<b>INSPECTION ELEMENT: DAILY</b>
	Visually inspect for free-standing liquids Check for evidence of wind dispersal of waste
<b>LANDFILL SYSTEMS</b>	
ALL CELLS: LEACHATE: (RW06)	<b>INSPECTION ELEMENT: WEEKLY</b>
	Check for secure caps, for the presence of leachate and the proper functioning of the leak detection system.
<b>WHEEL WASH SYSTEMS</b>	
WHEEL WASH CONTAINMENT: (RQ02)	<b>INSPECTION ELEMENT: QUARTERLY</b>
	Inspect secondary containment (including sumps) for cracks, gaps, and clean
RCRA CELLS: (RW07)	Inspect synthetic liners where exposed for cracks, tears and signs of deterioration

## GRASSY MOUNTAIN FACILITY: INSPECTION SCHEDULE

	Check cell for 12 inches (12") freeboard
	Visually inspect berms for: 1. Vegetation that could be damaging 2. Burrowing animals 3. Evidence of erosion, leaks or deterioration
	Inspect run-on/run-off ditches and drains for deterioration, improper operations or erosion
CLOSED CELLS: (RW07)	Check for erosion, settling and subsidence
<b>TANK SYSTEMS</b>	
	<b>INSPECTION ELEMENT: DAILY</b> (Tank systems tagged as "Out-of-Service" / inactive, may be omitted)
LEACHATE STORAGE: (RD11)	Check the following for proper operation:
	1. Manual operating valves
	2. High level alarms o power source o operating mechanisms o protective overlays o sounding mechanism
	3. Check valve, piping, and pumps
	4. Discharge controls
LEACHATE SECONDARY CONTAINMENT: (RD11)	Check for liquid in sump(s)
	Inspect area around tank system for evidence of leaking (discoloration, vegetative stress)
LEACHATE TANK SYSTEMS: (RD11)	Check liquid level log for entry
	Check for evidence of corrosion, deterioration, or leaking (ancillary equipment)
<b>ALL TANK SYSTEMS</b>	
<b>INSPECTION ELEMENT: DAILY</b>	
ALL SECONDARY	Check for cracks in the cement

## GRASSY MOUNTAIN FACILITY: INSPECTION SCHEDULE

CONTAINMENT: (RD11),	Check for liquid in sump(s)
<b>STABILIZATION TANK SYSTEMS</b>	
<b>INSPECTION ELEMENT: DAILY</b>	
SECONDARY CONTAINMENT (RD10)	Check for liquid
	Check area around tank system for evidence of leaking (discoloration, etc.)
	Check for evidence of corrosion, deterioration, or leaking (ancillary equipment)
<b>MISCELLANEOUS:</b>	
<b>INSPECTION ELEMENT: DAILY</b>	
TRANSFER AREA: (RD09)	Check tank unloading areas for evidence of spills
WHEEL WASH AREA: (RD09)	Check for evidence of spills and discoloration
SAMPLING AREA: (RD09)	Check for evidence of spills and discoloration
<b>MISCELLANEOUS:</b>	
<b>INSPECTION ELEMENT: RAIN EVENT</b>	
PERIMETER RUN-OFF BERMS: (RAIN-1)	Check for evidence of erosion, severe settling, and signs of burrowing animals or deterioration
CELLS: (RAIN-1)	Check for erosion, settling and subsidence
<b>CONSTRUCTION INSPECTION SCHEDULE:</b> As determined by CQA Plan.	

**APPENDIX I**  
**INSPECTION FORMS**

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

Date of Inspection: _____ Time: _____ AM/PM						
<b>SITE MONITORING SYSTEM</b>						
EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT		STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
			OK	NOT OK		
MONITORING WELLS	Check for proper operation of the pumps when sampled					
	Check for insect infestation of casing on all wells below.					
1	14	26	38A	50	68	P1
2	15	27A	39	51	59	P3
4	16	28	40A	52	70	P3A,B,C
5	17	29A	41	53	71	P4
6	18A	30A	42	54	72	PXY
7	19A	31	43	55	73	P4A,B,C
8	20	32A	44	56	74	P5
9	21	33	45	57	75	P6
10	22	34	46	58A	76	P7
11	23	35	47	59	77	P8
12	24	36	48	60	78	
13	25	37A	49	67	79	

Inspector's Name: _____	Inspector's Signature: _____
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**CLEAN HARBORS GRASSY MOUNTAIN, LLC**  
**Grassy Mountain Facility**  
**Inspection Record**

Date of Inspection: _____ Time: _____ AM/PM						PAGE 1 OF 1	
<b>SITE PERIMETER</b>							
EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS		
		OK	NOT OK				
SECURITY GATE:	Check visitor log for current entry						
SECURITY LIGHTING:	Check operability of facility interior lighting in waste management areas.						
SECURITY FENCE:	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 and at all gates.						
	Inspect signs for deterioration (fading, damage, etc.)						
Inspector's Name: _____		Inspector's Signature: _____					
COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):							
IF STATUS NOT OK, MARK THE FOLLOWING  ENVIRONMENTAL DEPARTMENT CONTACTED: <span style="float:right">( ) YES</span> <span style="float:right">( ) NO</span> REMEDIAL WORK ORDER ISSUED: ( ) YES WORK ORDER # _____ ( ) NO							













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

**TYPE: DAILY**  
**FORM: RD08**

Date of Inspection: _____ Time: _____ AM/PM PAGE __ OF __					
<b>SURFACE IMPOUNDMENT SYSTEM</b>					
EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
SURFACE IMPOUNDMENT:	Check for three feet (3') freeboard				
	Check loading / unloading areas for evidence of spills				
Inspector's Name: _____ Inspector's Signature: _____					
COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):					
<b><u>IF STATUS NOT OK, MARK THE FOLLOWING</u></b>					
ENVIRONMENTAL DEPARTMENT CONTACTED: ( ) YES ( ) NO					
REMEDIAL WORK ORDER ISSUED: ( ) YES WORK ORDER # _____ ( ) NO					





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

TYPE: **Daily**  
 FORM: **RD11**

Date of Inspection: _____ Time: _____ AM/PM PAGE__ OF					
<b>LEACHATE STORAGE TANK SYSTEM</b>					
EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT Check the following for proper operation:	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
LEACHATE STORAGE TANK SYSTEM:	1. Manual operating valves				
	2. High level alarms				
	3. Check valve, piping & pumps				
	4. Discharge controls				
SECONDARY CONTAINMENT:	Check for liquid in sumps.				
	Check area around tank system for evidence of leaking (discoloration, etc.)				
	Check for cracks in the cement				
TANK SYSTEMS:	Check for liquid level log for entry.				
	Check for evidence of corrosion , deterioration, or leaking (ancillary equipment).				
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					

Last Revised 09/28/2012

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

TYPE: **Daily**  
FORM: **RD12**

**RESERVED: ITEMS COVERED IN OTHER INSPECTION FORMS**

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

TYPE: **DAILY**  
 FORM: **RD13**

Date of Inspection: _____ Time: _____ AM/PM PAGE __ OF __					
<b>LANDFILL SYSTEMS</b>					
EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
ALL OPERATIONAL CELLS:	Visually check for free- standing liquids.				
	Check for evidence of wind dispersal of waste				
Inspector's Name: _____ Inspector's Signature: _____					
COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):					
<b><u>IF STATUS NOT OK, MARK THE FOLLOWING</u></b>					
ENVIRONMENTAL DEPARTMENT CONTACTED: <span style="float:right">( ) YES ( ) NO</span>					
REMEDIAL WORK ORDER ISSUED: ( ) YES WORK ORDER # _____ ( ) NO					

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

Date of Inspection: _____ Time: _____ AM/PM					
<b>SAFETY AND EMERGENCY EQUIPMENT</b>					
EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
FIRE EXTINGUISHERS: (see Attachment II- 6, Table 4-1)	Check tags for expiration dates.				
	Check pressure gages for adequate pressure.				
EMERGENCY GENERATOR: (Admin and Ops)	Start and operate to ensure functional status.				
FIRST AID KITS:	Check to ensure adequate inventory of contents.				

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























Date of Inspection: _____ Time: _____ AM/PM					PAGE __ OF __	
<b>LANDFILL SYSTEMS</b>						
EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS	
		OK	NOT OK			
ALL CELLS: LEACHATE, ALL RISERS:	Check for secure caps, for the presence of leachate and the proper functioning of the leak detection system.					
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						

**Inspection Record**

Record the water column height for each 'A' leachate riser weekly.

<b>CELL 1</b>	<b>Date:</b>
<b>Location</b>	<b>" H2O</b>
Center	

<b>CELL 4</b>	<b>Date:</b>
<b>Location</b>	<b>" H2O</b>
SEA(A)	
SEB(A)	
SWB(A)	
SWA(A)	
NWA(A)	
NWB(A)	
NEB(A)	
NEA(A)	

<b>CELL 7</b>	<b>Date:</b>
<b>Location</b>	<b>" H2O</b>
SWA	
NWA	
NEA	
SEA	

<b>CELL 2</b>	<b>Date:</b>
<b>Location</b>	<b>" H2O</b>
NWA	
SWA	
SW2A	
SEA	
NEA	

<b>CELL 5</b>	<b>Date:</b>
<b>Location</b>	<b>" H2O</b>
NEA	
NWA	
SWA	
SEA	

<b>IWC 1</b>	<b>Date:</b>
<b>Location</b>	<b>" H2O</b>
NW	
SW	

<b>IWC 2</b>	<b>Date:</b>
<b>Location</b>	<b>" H2O</b>
NW	
SW	

<b>CELL 3</b>	<b>Date:</b>
<b>Location</b>	<b>" H2O</b>
SWA	
SEA	
NWA	
NEA	
WA	
EA	

<b>CELL B6</b>	<b>Date:</b>
<b>Location</b>	<b>" H2O</b>
NEA(A)	
NEB(A)	
NWA(A)	
NWB(A)	
SEA(A)	
SEB(A)	
SWA(A)	
SWB(A)	

Inspector: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Last Revised 09/28/2012

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

**TYPE: WEEKLY**  
**FORM: RW08**

RESERVED; ITEMS OF RW08 HAVE BEEN INCORPORATED INTO RW06

