



State of Utah

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Environmental Quality

Amanda Smith  
*Executive Director*

DIVISION OF SOLID AND  
HAZARDOUS WASTE  
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*Director*

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*Executive Secretary*

October 26, 2012

Sheryl Dekker, Operations Director  
Millard County Landfills  
P.O. Box 854  
Delta, Utah 84624

RE: Inspection of Millard County Landfill

Dear Mrs. Dekker:

On October 10, 2012, the Millard County Class I Landfill was inspected by the Division of Solid and Hazardous Waste. Phil Lovell, manager of the landfill, was present during the site inspection. The landfill continues to be well-managed. The dead animal pit was adequately covered. Recyclable metals are separated in an area that is regularly picked up by a recycling company. Trained landfill personnel routinely extract Freon from refrigerators in the recyclable metals collection area. Required documents were satisfactory and kept in the landfill office. The inspection checklist is enclosed.

We encourage you to be vigilant in litter control, especially along the outer and inner fences. If you have any questions, please call Matt Sullivan at (801) 536-0241.

Sincerely,

  
Scott T. Anderson, Director  
Division of Solid and Hazardous Waste

STA/MS/kk

Enclosure: Millard County Landfill Inspection Checklist

c: Bruce Costa, PhD., Health Director, Central Utah Health Department  
Philip Bondurant, MPH, EHS, Environmental Health Director, Central Utah Health Department  
John Chartier, District Engineer, DEQ

# SOLID WASTE FACILITY INSPECTION REPORT CHECKLIST

## UTAH DIVISION OF SOLID & HAZARDOUS WASTE

Facility Name Millard County Landfill County Millard  
 Location 2250 South HWY 50 (6.3 miles east of Delta)  
 Inspection Date 10/10/12 Time In 4:20 PM Time Out 5:20 PM  
 Routine Oversight  Follow up  Monitoring Evaluation  Facility Status  Construction Review   
 Announced  Unannounced  Weather Conditions Sunny and 70°. Summer storm approaching from the SW. Some wind.  
 Inspection Goal Annual landfill and records inspection  
 Facility Contact Phil Lovell  
 Participants Phil Lovell and Matt Sullivan  
 FOLLOW UP INSPECTION NEEDED Yes  No  Recommended Follow Up Date \_\_\_\_\_

(X - indicates items reviewed)

### 1. PRE-INSPECTION REVIEW

<input checked="" type="checkbox"/>	1.1 Permit Review
ok	
<input checked="" type="checkbox"/>	1.2 Annual Report Review
ok	
<input checked="" type="checkbox"/>	1.3 Previous Inspection Review
ok	
<input checked="" type="checkbox"/>	1.4 Facility Contacts Confirmed
ok	
<input checked="" type="checkbox"/>	1.5 Facility Contacted (if announced inspection)
ok	
<input checked="" type="checkbox"/>	1.6 Local Health Contacted
ok	
<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.
ok	
<input checked="" type="checkbox"/>	3.2 Directions & Procedure
ok	
<input checked="" type="checkbox"/>	3.3 Emergency Numbers
ok	
<input checked="" type="checkbox"/>	3.4 List of Unacceptable Materials
ok	
<input type="checkbox"/>	3.5 Other

### 2. FACILITY / OPERATIONAL CONTROLS

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

### 4. OPERATOR / REPRESENTATIVE / EMPLOYEES

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

### 5. MONITORING

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

### 6. DRAINAGE / EROSION

<input checked="" type="checkbox"/>	6.1 Water Run-on
ok	

# SOLID WASTE FACILITY INSPECTION REPORT

Date: 10/10/12

Facility Name: Millard County Landfill

<input checked="" type="checkbox"/>	6.2 Water Run-off
ok	
<input type="checkbox"/>	6.3 Other

**7. PROPER STORAGE / ISOLATION / DISPOSAL**

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

**8. COVER**

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

**9. INSPECTION RECORDS**

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

ok	
<input checked="" type="checkbox"/>	9.7 Final Cover
ok	
<input checked="" type="checkbox"/>	9.8 Self Inspection (Quarterly) Reports
ok	
<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 checked="" type="checkbox"/>	10.1 Explosive Gas Monitoring
ok	
<input checked="" type="checkbox"/>	10.2 Leachate Sampling & Treatment
na	
<input checked="" type="checkbox"/>	10.3 Ground Water Sampling Results
na	
<input type="checkbox"/>	10.4 Other

**11. SPECIAL WASTE RECORDS**

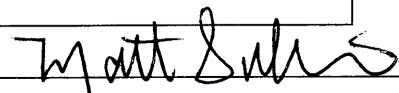
<input checked="" type="checkbox"/>	11.1 Lab Analysis Results
na	
<input checked="" type="checkbox"/>	11.2 Manifests
na	
<input checked="" type="checkbox"/>	11.3 Treatment Certification
na	
<input type="checkbox"/>	11.4 Paint Filter Test Results
<input type="checkbox"/>	11.5 Onsite Treatment Documentation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

**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): Matt Sullivan Date: October 10, 2012