

**APPENDIX H**  
**SAMPLE FORMS**



Landfill Gas Quarterly Monitoring Results  
 Uintah County Municipal Landfill  
 Year \_\_\_\_\_ Quarter \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Gas Sample Collector \_\_\_\_\_

Temperature \_\_\_\_\_ Weather \_\_\_\_\_

Monitoring device should be calibrated prior to initiating sampling.

Accomplished? Yes \_\_\_ No \_\_\_

Methane Monitoring Location	Measured % LEL	<u>Regulatory Action Limit</u> (% LEL)
1. NW Corner Scale/Gate House		25
2. SW Emergency Cell		25
3. SW Cell 1 and Cell 2		25
4. SW Corner Active Cell		25
6. North Boundary		100
7. South Boundary		100

- Gas Sample Collector: If measured % LEL equals or exceeds internal action limit, contact the facility manager.
- Facility Manager: If measured %LEL equals or exceeds regulatory action limit, notify the State Director in compliance with 40 CFR 258.23(c).

Comments:

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QUARTERLY INPECTION LOG  
 Uintah County Municipal Landfill

Area of Inspection	Needs Repair	Date of Repair	Comments
Off-loading Area			
Scale House			
Run-on/Run-off			
Roads			
Harborage			
Leachate Sump			
Perimeter Fencing and Access Gates			
Fugitive Waste collection System			
Fugitive Waste			
Cell			
Date:	Inspector:		

Note: Annual Report due before March 1.

# RANDOM INSPECTION FORM

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Inspected by: \_\_\_\_\_

Load Origin: \_\_\_\_\_

How was the inspection conducted?

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What was found during inspection?

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Is corrective action necessary? If so what?

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