



State of Utah

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Executive Secretary

September 16, 2014

Nathan Rich, Executive Director
Wasatch Integrated Waste Management District
P.O. Box 900
Layton, Utah 84041

RE: Compliance Evaluation Inspection

Dear Mr. Rich:

On, September 3, 2014, a representative of the Division of Solid and Hazardous Waste inspected the Wasatch Integrated Waste Management District Landfill to determine compliance with the Utah Solid Waste Permitting and Management Rules and the landfill permit.

Enclosed is a copy of the inspection checklist and brief comments and photographs taken during the inspection. The inspection documented that the landfill operations reviewed during the inspection were conducted in accordance with the rules and permit requirements.

If you have any questions, please call Rob Powers at (801) 536-0255.

Sincerely,

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

STA/RDP/kl

Enclosures: Inspection checklist and photographs

c: Lewis R. Garrett, A.P.R.N., M.P.H., Health Officer, Davis County Health Dept.
David W. Spence, EHS, MBA, Environmental Health Director, Davis County Health Dept.
Preston Lee, Landfill Manager, Wasatch Integrated Waste Management District
Rock Hendry, Wasatch Integrated Waste Management District
Rachelle Blackham, Davis County Health Department

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Preston Lee, Landfill Manager, Wasatch Integrated Waste Management District
Rock Hendry, Wasatch Integrated Waste Management District
Rachelle Blackham, Davis County Health Department

SOLID WASTE FACILITY INSPECTION REPORT CHECKLIST

UTAH DIVISION OF SOLID & HAZARDOUS WASTE

Facility Name Wasatch Integrated Landfill County Davis
 Location _____
 Inspection Date 9/3/14 Time In _____ Time Out _____
 Routine Oversight Follow up Monitoring Evaluation Facility Status Construction Review
 Announced Unannounced Weather Conditions Sunny and warm
 Inspection Goal Compliance with the Utah Solid Waste Rules and conditions of the approved landfill permit
 Facility Contact Preston Lee
 Participants Rob Powers
 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
<input checked="" type="checkbox"/>	1.2 Annual Report Review
<input checked="" type="checkbox"/>	1.3 Previous Inspection Review
<input checked="" type="checkbox"/>	1.4 Facility Contacts Confirmed
<input checked="" type="checkbox"/>	1.5 Facility Contacted (if announced inspection) Unannounced
<input checked="" type="checkbox"/>	1.6 Local Health Contacted
<input type="checkbox"/>	1.7 Other

2. FACILITY / OPERATIONAL CONTROLS

<input checked="" type="checkbox"/>	2.1 Litter	In compliance
<input checked="" type="checkbox"/>	2.2 Roads	In compliance
<input checked="" type="checkbox"/>	2.3 Gate House Operations	In compliance
<input checked="" type="checkbox"/>	2.4 Vectors	In compliance
<input type="checkbox"/>	2.5 Communications	
<input checked="" type="checkbox"/>	2.6 Recycling Area	In compliance
<input checked="" type="checkbox"/>	2.7 Fugitive Dust Control	In compliance
<input checked="" type="checkbox"/>	2.8 Waste Inspection Area	In compliance
<input checked="" type="checkbox"/>	2.9 Scavenging Control	Not allowed
<input checked="" type="checkbox"/>	2.10 Open Burning	NA
<input checked="" type="checkbox"/>	2.11 Fences, Gates, Locks, Access Control	In compliance
<input checked="" type="checkbox"/>	2.12 Working Face	In Compliance
<input checked="" type="checkbox"/>	2.13 Leachate Collection System	In compliance
<input type="checkbox"/>	2.14 Other	

3. SIGNS REQUIRED / PROPERLY POSTED

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

4. OPERATOR / REPRESENTATIVE / EMPLOYEES

<input checked="" type="checkbox"/>	4.1 On-site while open	In compliance
<input checked="" type="checkbox"/>	4.2 Training	Did not review
<input type="checkbox"/>	4.3 Other	

5. MONITORING

<input checked="" type="checkbox"/>	5.1 Methane	In compliance
<input checked="" type="checkbox"/>	5.2 Random Inspections	Did not review
<input checked="" type="checkbox"/>	5.3 Leachate	In compliance
<input checked="" type="checkbox"/>	5.4 Ground Water	In corrective action and working on a solution
<input type="checkbox"/>	5.5 Other	

6. DRAINAGE / EROSION

<input checked="" type="checkbox"/>	6.1 Water Run-on	In compliance
<input checked="" type="checkbox"/>	6.2 Water Run-off	In compliance
<input type="checkbox"/>	6.3 Other	

7. PROPER STORAGE / ISOLATION / DISPOSAL

<input type="checkbox"/>	7.1 Special Waste	
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SOLID WASTE FACILITY INSPECTION REPORT

Date: 9/3/14

Facility Name: Wasatch Integrated Landfill

<input type="checkbox"/>	7.2 Batteries
<input checked="" type="checkbox"/>	7.3 Hazardous Waste
NA	
<input checked="" type="checkbox"/>	7.4 Infectious Waste
NA	
<input type="checkbox"/>	7.5 Tires
<input checked="" type="checkbox"/>	7.6 Dead Animals
In compliance	
<input checked="" type="checkbox"/>	7.7 Asbestos
NA	
<input type="checkbox"/>	7.8 Bulky Waste
<input checked="" type="checkbox"/>	7.9 Contaminated Soil
In compliance	
<input checked="" type="checkbox"/>	7.10 Ash
Accepted from the burn plant for daily cover	
<input checked="" type="checkbox"/>	7.11 Sludge
NA	
<input checked="" type="checkbox"/>	7.12 Other
Industrial waste	

8. COVER

<input checked="" type="checkbox"/>	8.1 Daily - Soil
In compliance	
<input checked="" type="checkbox"/>	8.2 Daily - Alternative
In compliance	
<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
Not reviewed	
<input checked="" type="checkbox"/>	9.2 Gas Monitoring System
In compliance	
<input checked="" type="checkbox"/>	9.3 Surface Drainage Control
In compliance	
<input checked="" type="checkbox"/>	9.4 Daily Records
Not reviewed	
<input checked="" type="checkbox"/>	9.5 Weight or Volumes
Not reviewed	
<input checked="" type="checkbox"/>	9.6 Intermediate Cover
In compliance	
<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 checked="" type="checkbox"/>	9.10 Permit, Permit Application and Rules Available
All records are available at the landfill office	
<input type="checkbox"/>	9.11 Other

10. MONITORING / SAMPLING / ANALYSIS RECORDS

<input checked="" type="checkbox"/>	10.1 Explosive Gas Monitoring
In compliance	
<input checked="" type="checkbox"/>	10.2 Leachate Sampling & Treatment
POTW discharge	
<input checked="" type="checkbox"/>	10.3 Ground Water Sampling Results
In corrective action and working on a solution	
<input type="checkbox"/>	10.4 Other

11. SPECIAL WASTE RECORDS

<input checked="" type="checkbox"/>	11.1 Lab Analysis Results
Not reviewed	
<input checked="" type="checkbox"/>	11.2 Manifests
Not reviewed	
<input checked="" type="checkbox"/>	11.3 Treatment Certification
Not reviewed	
<input checked="" type="checkbox"/>	11.4 Paint Filter Test Results
Not reviewed	
<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 checked="" type="checkbox"/>	13.1 Notice of Inspections Form Completed and Signed
Completed	
<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): Rob Powers

Date: 9/8/14

WASATCH INTEGRATED LANDFILL INSPECTION
SEPTEMBER 3, 2014



Looking southeast at the working face



Looking southeast at the working face



Looking north at the composting pad