

Closed Landfill Inspection Report

Section 1

Facility:			
Owner:			
Location:			
Latitude	<i>N</i>	Longitude	<i>W</i>
Approximate closure date:		Approximate size	
Inspector:		Inspection date:	
Other people present:			

Section 2 Vegetation:

Type(s) of growth (check all that apply): <input type="checkbox"/> grasses <input type="checkbox"/> legumes <input type="checkbox"/> herbaceous plants <input type="checkbox"/> moss	Remarks:
Condition of growth: <input type="checkbox"/> Excellent (thick growth) <input type="checkbox"/> Good <input type="checkbox"/> Poor (thin growth, bare soil, mosses)	Remarks:
Woody plants present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
Invasive plants present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Japanese knotweed <input type="checkbox"/> Common reed (Phragmites)	Remarks:
Dead spots present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:

Section 3 Final Cover Condition:

Is there subsidence (depressions in the cap)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
Is there any evidence of water ponding on the cap? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
Are there colored leachate seeps through the cap? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
Are there colored leachate seeps at toe slope? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
Are there signs of burrowing animals? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
Is there any waste pushing through the cap? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
Does the cap cover all of the solid waste? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
Is there evidence of erosion? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
Is there ATV damage to the cap or vegetation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:

Section 4 Drainage and Surface Water:

<p>Conditions/Stability of streams/swales/ditches etc.</p> <p><input type="checkbox"/> Excellent (unobstructed) <input type="checkbox"/> Good <input type="checkbox"/> Poor (overgrown or sediment filled)</p>	<p>Remarks:</p>
<p>Is there evidence of colored leachate in surface waters?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Remarks:</p>
<p>Is there surface water monitoring?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Remarks:</p>
<p>Are results submitted to the Department?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Remarks:</p>

Section 5 Groundwater:

<p>Is there groundwater monitoring?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Remarks:</p>
<p>Are results submitted to the Department?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Remarks:</p>
<p>Condition of monitoring wells (if present):</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor (missing covers, missing locks, deteriorated seals, frost heaved, etc.)</p>	<p>Remarks:</p>

Section 6 Gas Management:

Is there gas ventilation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
Are the gas vents damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
Is there gas monitoring? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
Are results submitted to the Department? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
Is there any odor of landfill gas? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:

Section 7 Other Facility Conditions:

Access road condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor	Remarks:
Gates and fences: <input type="checkbox"/> Present <input type="checkbox"/> Not present	Remarks:
Gate and fence condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor	Remarks:

Section 8 Structures:

Are there man made structures on the cover? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
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Section 9 General cleanliness of the site:

Is there litter present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
Is there evidence of unauthorized dumping? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:

Section 10 Deed Affidavit:

Is there a deed affidavit recorded for the landfill property? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If no, please develop and record at the County Registry of Deeds. Contact DEP for format.</i>
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Section 11 Maintenance:

Is there an ongoing maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
Comments on the effectiveness:	

Section 12 Nearby Development:

Is there any new development within the last 3 years near the landfill? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
Type : <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial	Remarks:
Are they served by public water? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:

Section 13 Other Information:

Attach a hand drawn site sketch made on plain paper 8 1/2" x 11"

Attach labeled photographs of landfill conditions and any nearby development

