

SOLID WASTE CLASS TWO LANDFILL INSPECTION FORM Regulation 61-107.19, Part IV

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Facility Name:	Vew Indy	Date/Time of Inspection:3/8/2.1
County: York		Permit #: 463318 - 160
		ComplaintOther:
Washan Caralina	S. S. John J. S. John	
Weather Conditions: Sunny Cool (windy Last Inspection: 12/8/2)		
Y – Yes: Meets or exceeds regulatory requirements; N – No: Corrective measures recommended that should be fixed by the next inspection or an agreed upon completion date; NA – Not applicable; NI – Not inspected		
Exclusion for Receipt of Unapproved Waste 1. Q. N. N. N. N. I. N. Attendant Present 2. Q. N. N. N. N. I. Required signs posted 3. D. N. N. N. II. Inspection of all incoming loads conducted 4. N. N. N. N. II. Inspection of all incoming loads conducted 5. Q. N. N. N. N. II. Inspection of all incoming loads conducted 6. Q. N. N. N. N. II. No unauthorized waste training 6. Q. N. N. N. A. N. I. Unauthorized waste present 6. Q. N. N. I. Access controlled 7. Q. N. N. A. Access controlled 8. Y. N. N. A. Adequate entrance all-weather roads 8. Y. N. N. A. Adequate internal all-weather haul roads Cover Material Requirements 9. Q. N. N. I. Szix inches soil (short-term cover) 11. Y. N. Q. N. I. Attendate Monthly Cover (AMC) 12. N. N. I. Szix inches soil (short-term cover) 13. D. N. N. I. Adequate soil quantity available for cover Workding Face/Elevation 16. N. N. II. Working face as small as can efficiently and safely be managed & permit 16. N. N. II. Working face as small as can efficiently and safely be managed & permit 17. Y. N. Q. N. I. Asbestos containing material adequately handled 18. Y. N. Q. N. I. Asbestos containing material adequately handled 19. D. N. N. N. All required equipment to Operate Landfill 19. D. N. N. I. All required equipment operational 5. A. N. N. A. All required equipment to operate Landfill 19. D. N. N. I. All required equipment and fire fighting services N. N. I. Adequate condition of berms/terraces/downchutes 20. N. N. I. Dust 20. N. N. I. Lotter 20. N. N. I. Dust 20. N. N. I. Utter 20. N. N. I. Szix inches soil (long-term and/or intermediate cover) 30. Y. N. Q. Szix inches soil (long-term and/or intermediate cover) 30. Y. N. Q. Szix inches soil (long-term and/or intermediate cover) 31. Y. N. Q. N. I. Szix inches soil (long-term and/or intermediate cover) 32. Y. N. N. A. M. Free of reacks in pad 33. Y. N. N. M. M. I. Label on well 35. Y. N. N. M. M. D. Locked 26. Y. N. N. M. M. Perce of reacks in pad 37. Y. N. M. M. M. Perce of reacks in pad 38. Y. N. N.		
Comments:		
RECEIVED		
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		SC DHEC - Bureau of Land & Waste Management
Inspection Item	Corrective Action F	Required Date to be Completed
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N/I		
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The signature below certifies that the DHEC Inspector has personally checked each item and has answered according to the true condition existing at the time of the inspection. The signatures below also certify that the DHEC Inspector has given a copy of this report to the Facility Representative and has explained any deficiencies noted. Comment Page Attached? Y N Photos Taken? Y N White Original – BLWM; Yellow – Facility; Pink – BEHS EQC		