

## Closed Industrial Waste Landfill Inspection Checklist

Facility Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Date: \_\_\_\_\_ County: \_\_\_\_\_  
 Facility Address: \_\_\_\_\_ Facility Phone #: \_\_\_\_\_  
 Operator Name: \_\_\_\_\_ Operator Phone #: \_\_\_\_\_  
 Corporate Address: \_\_\_\_\_ Corp. Phone # (If Diff.): \_\_\_\_\_  
 Health District: \_\_\_\_\_ Inspector(s): \_\_\_\_\_

Is this facility being operated **in compliance** with the following regulations (YES or NO)? Place an X in the appropriate column to denote compliance status. Placing an X in the NO column indicates that a violation has been noted. Write N/A on the lines that are not applicable to this facility. This checklist is not all inclusive of regulations applicable to scrap tire monofill facility operations.

This is a: " **Comprehensive Inspection** " **Partial Inspection** " **Comments on Back**

### 3745-29-14 Post-Closure Care of Industrial Solid Waste Landfills

**YES NO**

**(A) Post-closure activities**

- \_\_\_ \_\_\_ (1) Leachate management, surface water management, explosive gas extraction, explosive gas monitoring, ground water monitoring systems
- \_\_\_ \_\_\_ (2) Integrity of cap system
- \_\_\_ \_\_\_ (3) Repair leachate outbreaks
- \_\_\_ \_\_\_ (4) Quarterly inspections-report to Ohio EPA within 15 days
- \_\_\_ \_\_\_ (5) Monitoring and reporting requirements of OAC 3745-29-10 and OAC 3745-27-12
- \_\_\_ \_\_\_ (6) Annual report
- \_\_\_ \_\_\_ (7) Reports kept in an accessible location

**(D) Facility access**

\_\_\_ \_\_\_ Provide access to facility for Ohio EPA and local health department inspections

\_\_\_\_\_  
*Print Name of Inspector Completing Form*

\_\_\_\_\_  
*Inspector's Signature*

\_\_\_\_\_  
*Date*