



**STATE OF CONNECTICUT  
DEPARTMENT OF ENVIRONMENTAL PROTECTION**



**RCRA (HAZARDOUS WASTE) INSPECTION REPORT  
TREATMENT/STORAGE/DISPOSAL FACILITY**

Name(s) of Inspector(s): \_\_\_\_\_.

Date(s) of Inspection: \_\_\_\_\_ Complaint Number: \_\_\_\_\_.

Previous RCRA inspection: \_\_\_\_\_ Active RCRA enforcement: \_\_\_\_\_.

**SITE INFORMATION**

EPA ID Number: CT \_\_\_\_\_.

Site Name: \_\_\_\_\_.

Street Address: \_\_\_\_\_.

Mailing Address: \_\_\_\_\_.

Contact Name(s) and Title: \_\_\_\_\_.

Contact Phone Number: \_\_\_\_\_ Date established at present location: \_\_\_\_\_.

Property owned/leased: \_\_\_\_\_ Previous occupants of site: \_\_\_\_\_.

**STATUS** (actual operating)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> CESQG                                | <input type="checkbox"/> Storage            | <input type="checkbox"/> Interim Status                         |
| <input type="checkbox"/> SQG                                  | <input type="checkbox"/> Treatment          | <input type="checkbox"/> Permitted Facility                     |
| <input type="checkbox"/> Lg. Quantity Generator               | <input type="checkbox"/> Disposal           | <input type="checkbox"/> CT Regulated Facility                  |
| <input type="checkbox"/> Transporter                          | <input type="checkbox"/> Post Closure Units | <input type="checkbox"/> Commercial Facility                    |
| <input type="checkbox"/> Recycle/Reclaim                      |   | <input type="checkbox"/> Small Quantity Universal Waste Handler |
| <input type="checkbox"/> Used Oil Processor/Re-Refiner        |   | <input type="checkbox"/> Large Quantity Universal Waste Handler |
| <input type="checkbox"/> Universal Waste Destination Facility |   |   |

Other: \_\_\_\_\_.

Notified as: \_\_\_\_\_.

Any discrepancies between notification/Part A/B & actual operations:  Yes  No: \_\_\_\_\_.

\_\_\_\_\_.

If yes, has a status change been requested:  Yes  No: \_\_\_\_\_.

\_\_\_\_\_.

Comments: \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

**TYPES OF WASTE HANDLED**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Ignitables (D001) | <input type="checkbox"/> F or K listed wastes                | <input type="checkbox"/> Used Oil           |
| <input type="checkbox"/> Corrosives (D002) | <input type="checkbox"/> P or U listed wastes                | <input type="checkbox"/> CT Regulated Waste |
| <input type="checkbox"/> Reactive (D003)   | <input type="checkbox"/> Precious Metals                     | <input type="checkbox"/> Haz. Scrap Metal   |
| <input type="checkbox"/> TCLP (D004 – 43)  | <input type="checkbox"/> Universal Waste (list type): _____. |   |
| <input type="checkbox"/> Other: _____.     |  |   |

**HANDLING METHODS**

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Containers          | <input type="checkbox"/> Containment Building                     | <input type="checkbox"/> Waste Piles |
| <input type="checkbox"/> Aboveground Tanks   | <input type="checkbox"/> Wastewater Treatment                     | <input type="checkbox"/> Landfill    |
| <input type="checkbox"/> Underground Tanks   | <input type="checkbox"/> Incinerator/Thermal Treatment            | <input type="checkbox"/> Drip Pad    |
| <input type="checkbox"/> Surface Impoundment | <input type="checkbox"/> Chemical, Physical, Biological Treatment |                                      |
| <input type="checkbox"/> Other: _____.       |   |                                      |

**SITE DESCRIPTION**

Proximity to residential areas/surface water/recharge zone, etc: \_\_\_\_\_.

Water supply (if wells, give approximate locations): \_\_\_\_\_.

Types of waste/water discharges: \_\_\_\_\_.

Evidence of on-site disposal:  Yes  No (if yes, give specifics): \_\_\_\_\_.

Groundwater monitoring wells on-site:  Yes  No. Groundwater classification: \_\_\_\_\_.

If yes:(briefly describe why installed and any information available): \_\_\_\_\_.

Comments: \_\_\_\_\_.

**SITE ACTIVITY**

Number of employees/shifts: \_\_\_\_\_ Type of activities: \_\_\_\_\_.

Products: \_\_\_\_\_.

Describe processes (particularly those that involve chemical and generate waste): \_\_\_\_\_.

\_\_\_\_\_.

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**WASTE PROFILE**

WASTE STREAM	EPA WASTE CODE	ESTIMATED GENERATION RATE	HANDLING METHOD	TRANSPORTER	DESTINATION FACILITY

Sample  
Not for official use

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

40 CFR 262.11; 262.40(c)

**HAZARDOUS WASTE DETERMINATIONS** (GHW)

22a-449(c)-102(a)

Determination conducted for all waste streams: \_\_\_ Yes \_\_\_ No (explain): \_\_\_\_\_  
 \_\_\_\_\_

Determination updated annually (documentation on-site): \_\_\_ Yes \_\_\_ No: \_\_\_\_\_  
 \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**SHIPPING RECORDS** (DMR)

Date/months of shipping records reviewed: \_\_\_\_\_.

Manifests used for all hazardous waste shipments:  Yes  No (explain): \_\_\_\_\_.

Shipping records used for universal waste:  Yes  No (explain): \_\_\_\_\_.

Shipping records used for used oil:  Yes  No (explain): \_\_\_\_\_.

Appropriate copy(ies) on-site:  Yes  No (explain): \_\_\_\_\_.

Any exception (generators), discrepancy or unmanifested waste reports (facilities):  Yes  No: \_\_\_\_\_.

Comments: \_\_\_\_\_.

**WASTE MINIMIZATION PROGRAM**

Is a program in place:  Yes  No (if written program, obtain a copy)

If yes, briefly describe the elements of the program, identify waste types and any reduction achieved: \_\_\_\_\_.

If no, did the inspector recommend that the company:

Assess their processes and waste streams for potential reductions in waste quantities:  Yes  No

Assess their raw materials for less hazardous alternatives:  Yes  No

Assess their water usage for potential reductions:  Yes  No

Assess their energy usage for better efficiency:  Yes  No

Evaluate the potential for closed loop processes:  Yes  No

Comments: Identify specific areas for further assessments: \_\_\_\_\_.

**LAND DISPOSAL RESTRICTIONS** (GLB)

Has the generator determined whether the waste **meets** **doesn't meet** the treatment standard(s) by testing the waste using knowledge of waste: Yes No:

If the waste or contaminated soil **does not meet** the treatment standard(s), has the generator sent a one-time written notification (or subsequent notification(s) if the waste changes) to each receiving facility: Yes No N/A (explain):

If the waste or contaminated soil **meets** the treatment standard(s) at the original point of generation, has the generator sent a one time certification (or subsequent notification(s) if the waste changes) to each receiving facility: Yes No (explain):

If the generator's waste is subject to a case-by-case extension, no-migration petition, or national capacity variance, has the generator sent a one time written notification (or subsequent certification(s) if the waste changes) to each receiving facility: Yes No N/A (explain):

If the generator is managing and treating a restricted waste or contaminated soil in tanks, containers, or containment building to meet applicable treatment standards, has the generator sent a one time notification (or subsequent certification(s) if the waste changes) to each receiving facility: Yes No N/A (explain):

Has the generator retained on-site a copy of all LDR documentation for 3 years: Yes No

Comments:

If site is a treatment facility, complete and attach, "Attachment H: Land Disposal Restrictions – Treatment Facility Requirements".

**BIENNIAL HAZARDOUS WASTE REPORT** (DEX)

Reports filed on a biennial basis: Yes No. Date received at DEP:

Comments:

**IGNITABLES/REACTIVES/INCOMPATIBLES** (DSC)

Ignitable & reactive wastes separated from sources of ignition or reaction & handled per 265.17: Yes No

"No Smoking" signs posted in areas of ignitable or reactive hazardous waste: Yes No

Comments:

**SATELLITE ACCUMULATION** (DMC)

Approximate number of satellite storage areas: \_\_\_\_\_.

Less than 55 gallons (or 1 quart acutely hazardous waste) per waste stream per satellite accumulation area: \_\_\_ Yes \_\_\_ No

Containers marked and contents described: \_\_\_ Yes \_\_\_ No. Containers closed when not in use: \_\_\_ Yes \_\_\_ No

Comments: \_\_\_\_\_.

\_\_\_\_\_.

40 CFR 264.175(b); 40 CFR 265.170-178;  
 40 CFR 273.13 & 273.33 for transport vehicle/vessel

**CONTAINER MANAGEMENT** (DMC)

22a-449(c)-102(a); 105 (a), (b);  
 22a-449(c)-113(a)(1)

Number of areas: \_\_\_\_\_.

Location(s): \_\_\_\_\_.

\_\_\_\_\_.

Impermeable base: \_\_\_\_\_.

Secondary containment: \_\_\_\_\_.

Approximate number & sizes of containers: \_\_\_\_\_.

Type(s): \_\_\_ steel \_\_\_ poly \_\_\_ fiber \_\_\_ bag/sack \_\_\_ lab pack \_\_\_ roll-off, Other: \_\_\_\_\_.

Management of containers:

Condition (leaks, ruptures, corrosion, heat, pressure): \_\_\_\_\_.

Containers closed when not in use: \_\_\_\_\_.

50 foot buffer zone for ignitable and reactive waste: \_\_\_\_\_.

Incompatibles separated by dike/wall, etc.: \_\_\_\_\_.

Storage less than 90 days (LQG) (**hazardous waste**): \_\_\_\_\_.

Storage less than one year (**universal waste**): \_\_\_\_\_.

Does the generator storing **F006** hazardous waste for up to 180 days follow 262.34(g): \_\_\_ Yes \_\_\_ No

Does the generator storing **F006** hazardous waste for up to 270 days follow 262.34(h): \_\_\_ Yes \_\_\_ No

Comments: \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

**WASTE TANKS**

(DTR)

Tank inventory/description (note above/underground, location, age, construction, ancillary equipment, capacity & waste type): \_\_\_\_\_

Adequate secondary containment for tanks and ancillary equipment:  Yes  No  N/A: \_\_\_\_\_

Describe leak detection system (including ancillary equipment): \_\_\_\_\_

Describe corrosion protection system: \_\_\_\_\_

Special requirements for ignitable and reactive waste:  Yes  No  N/A: \_\_\_\_\_

**Labeling:**

Hazardous waste tanks, words "Hazardous Waste" and description of contents:  Yes  No  N/A

Universal waste tanks, marked to describe contents (pesticides):  Yes  No  N/A

Storage less than 90 days (LQG);  Yes  No: \_\_\_\_\_

Storage less than one year for universal waste:  Yes  No  N/A: \_\_\_\_\_

Evidence of releases/leaks:  Yes  No: if yes, describe: \_\_\_\_\_

Was release reported:  Yes  No: if yes, date (if known): \_\_\_\_\_

Certification of major repairs to tank:  Yes  No  N/A. Any out of service tanks:  Yes  No: if yes, describe: \_\_\_\_\_

Comments: \_\_\_\_\_

**Existing Tank Systems** (installed before January 12, 1987)

Written tank integrity assessment on-site(P.E. certified):  Yes  No  N/A

Does assessment address all required items:  Yes  No: if no, explain: \_\_\_\_\_

**New Tank Systems**(installed after January 12, 1987)

Written tank design, construction/installation assessment on-site (P.E. certified):  Yes  No  N/A

Does assessment address all required items:  Yes  No: if no, explain: \_\_\_\_\_

Documented installation & tightness test on-site:  Yes  No

Comments: \_\_\_\_\_



**USED OIL-GENERATOR REQUIREMENTS**

Does the facility generate used oil at this site:  Yes  No

Does the facility generate used oil at other sites in CT:  Yes  No (if yes, list other sites in "Additional Comments" section)

Is the generator's used oil mixed with other waste(s):  Yes  No

If yes, what type of waste is it mixed with:  Listed  Characteristic  Non-hazardous waste

If mixture is with characteristic hazardous waste, is the combined waste tested for characteristics:  Yes  No

Explain: \_\_\_\_\_.

Has the total halogen content of the used oil been determined:  Yes  No

Was the total halogen content determined by  Testing or  Generator knowledge

Does the generator retain documentation demonstrating the halogen content for at least three years:  Yes  No

Are the total halogens:  less than 1,000 ppm  greater than 1,000 ppm

If the total halogens are greater than 1,000 ppm, did the generator:

Manage as a hazardous waste, or  adequately rebut the presumption of mixing with hazardous waste

Explain: \_\_\_\_\_.

Is used oil accumulated on-site in:  Container(s)  Aboveground tank(s)  Underground tank(s)

Describe type method and storage: \_\_\_\_\_.

Are containers and tanks in good condition and not leaking:  Yes  No

Are tank(s) and/or container(s) marked with the words "Used Oil":  Yes  No

For each container or above-ground tank storing greater than 55 gallons of used oil:

Stored on an impervious surface:  Yes  No

Stored within an enclosed building:  Yes  No

If not stored within an enclosed building, has adequate secondary containment been provided:  Yes  No

Comments: \_\_\_\_\_.

Are all underground tanks for used oil registered with DEP's UST Program:  Yes  No

Does the facility store more than 1320 gallons of oil or other petroleum products in above-ground tanks, process equipment, or containers that are over 55 gallons in size:  Yes  No

If yes, does the facility have an SPCC plan:  Yes  No

Has the facility had any known releases of used oil:  Yes  No

If yes, did the generator:  Report the spill to DEP, and  Comply with "response to release" requirements

Explain: \_\_\_\_\_.

Does the generator ship used oil via transporters that are permitted and that have notified EPA:  Yes  No

If no, Explain: \_\_\_\_\_.

List off-site destination(s) for used oil generated at this site: \_\_\_\_\_.

**If facility is a Used Oil Processor or Re-Refiner, they are also responsible for complying with the standards, regarding used oil, in the following sections of this report: Preparedness & Prevention, Contingency Plan, Shipping Record, Waste Analysis Plan, Operating Records and Closure.**

**SUBPART BB APPLICABILITY**

Does the generator have equipment (valve, pump, compressor, flange, pressure relief device, sampling connection system, or open-ended valve or line) that contacts hazardous waste with greater than 10% organic concentration: Yes<sup>1</sup> \_\_\_ No \_\_\_\_\_.

If yes, does the generator claim that any of this equipment is exempt from Subpart BB due to <300-hour annual use, being in vacuum service, or operating as a recycling unit: \_\_\_ Yes \_\_\_ No<sup>1</sup> \_\_\_\_\_.

If an exemption is claimed, does the generator have documentation to support this claim, in accordance with 265.1064(k): \_\_\_ Yes (describe) \_\_\_ No \_\_\_ N/A \_\_\_\_\_.

Has the facility implemented a leak detection and repair (LDAR) program required by the Clean Air Act: \_\_\_ Yes \_\_\_ No \_\_\_ N/A \_\_\_\_\_.

If yes, has the facility chosen to demonstrate compliance with Subpart BB by documenting compliance with the Clean Air Act, in accordance with 265.1064(m): \_\_\_ Yes \_\_\_ No \_\_\_ N/A \_\_\_\_\_.

<sup>1</sup> If the answer to question 1 is YES and the generator does not claim any exemptions, complete and attach the Subpart BB Checklist.

**SUBPART CC APPLICABILITY**

**Tanks:**

Does the generator manage hazardous waste with volatile organic concentrations  $\geq$  500 ppm/wt (on an average annual basis) in tanks: \_\_\_ Yes<sup>2</sup> \_\_\_ No \_\_\_\_\_.

If yes, does the generator claim any exemptions from the requirements of this subpart: \_\_\_ No<sup>2</sup> \_\_\_ Yes (explain): \_\_\_\_\_.

<sup>2</sup> If the answer to question 1 is YES and no exemptions are claimed, complete and attach the Subpart CC Checklist.

**Containers:**

Does the generator manage in **containers (>26 gallons in size, non-satellite)** hazardous waste with volatile organic concentrations equal or greater than 500 ppm/wt (on an average annual basis): \_\_\_ Yes<sup>3</sup> \_\_\_ No \_\_\_\_\_.

Do the containers meet Department of Transportation ("DOT") requirements: \_\_\_ Yes<sup>3</sup> \_\_\_ No \_\_\_\_\_.

Are the containers closed: \_\_\_ Yes<sup>3</sup> \_\_\_ No \_\_\_\_\_.

*If the generator manages this waste **only in containers** and the containers are closed and meet DOT requirements, **stop here**. Otherwise, **complete and attach** the Subpart CC Requirements Checklist*

Packaging: \_\_\_\_\_.

Labeling (if applicable, DOT hazard class): \_\_\_\_\_.

Marking (Words "Hazardous Waste", generator name & address, manifest document number if being shipped): \_\_\_\_\_.

\_\_\_\_\_.

Contents described (e.g. chemical name): \_\_\_\_\_.

Proper DOT shipping name: \_\_\_\_\_.

Accumulation date: \_\_\_\_\_.

Inventory system(universal waste): \_\_\_\_\_.

Comments: \_\_\_\_\_.

40 CFR 262.34(a)(4); 265.30 – 37;  
 40 CFR 273 Subpart A, B, C & 279.52

**PREPAREDNESS & PREVENTION** (DPP)

22a-449(c)-102(a); 105(a);  
 22a-449(c)-113(a)(1) & 119(a)(1)

Arrangements with local authorities: \_\_\_\_\_.

Immediately accessible to internal communications/alarm system: \_\_\_\_\_.

Telephone/hand-held two-way radio: \_\_\_\_\_.

Emergency equipment (fire extinguisher/control, spill control, decontamination equip.): \_\_\_\_\_.

\_\_\_\_\_.

Equipment maintenance: \_\_\_\_\_.

Access to emergency equipment: \_\_\_\_\_.

Adequate aisle space: \_\_\_\_\_.

Source of water in the event of a fire: \_\_\_\_\_.

Comment: \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

**SITE SECURITY** (DSS)

Is claim made that contact/disturbance of waste would not cause injury/a violation of 40 CFR265.14(a): \_\_\_ Yes \_\_\_ No:  
 If no, is there: \_\_\_ 24-hr surveillance system or \_\_\_ barrier completely surrounding active portion  
 Means to control entry: \_\_\_ Yes \_\_\_ No. "Danger – Unauthorized Personnel Keep Out" signs posted: \_\_\_ Yes \_\_\_ No  
 Comments: \_\_\_\_\_.

Does contact claim inspections are conducted: \_\_\_\_\_.

Written inspection schedule: \_\_\_\_\_.

Inspection log (comment on adequacy of contents: date, time, items inspected, corrective action): \_\_\_\_\_.

Documentation:

Daily

All Loading/unloading areas subject to spills (when in use): \_\_\_\_\_.

Tanks Containment, detection, ancillary equipment: \_\_\_\_\_.

Trtmt Treatment equipment: \_\_\_\_\_.

Weekly

Containers Physical condition: \_\_\_\_\_.

Containers Containment system: \_\_\_\_\_.

Batteries Storage area: \_\_\_\_\_.

Other

All Safety and emergency equipment (monthly): \_\_\_\_\_.

Tanks Cathodic protection (within six months, then yearly): \_\_\_\_\_.

Tanks Impressed current (every other month): \_\_\_\_\_.

Comments: \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

Training conducted:  Yes  No: \_\_\_\_\_.

Last annual review (date): \_\_\_\_\_ New employees: \_\_\_\_\_.

Written description of training: \_\_\_\_\_.

\_\_\_\_\_.

Job title, description and name of employee: \_\_\_\_\_.

\_\_\_\_\_.

Records maintained on-site until closure/3 years for former employees: \_\_\_\_\_.

Comments: \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

Plan on-site:  Yes  No. Date of plan: \_\_\_\_\_ Prepared by: \_\_\_\_\_.

Plan sent to local authorities: (police, fire, hospital, emergency response teams): \_\_\_\_\_.

Emergency procedures (fire, explosions, releases/spills): \_\_\_\_\_.

Emergency coordinator(s) name, address, home and office phone: \_\_\_\_\_.

Emergency equipment list location, description, capabilities: \_\_\_\_\_.

Evacuation plan (signal, primary and alternate routes): \_\_\_\_\_.

Comments: \_\_\_\_\_.

Are the following records maintained on-site:

Wastes received from off-site: \_\_\_\_\_ Wastes from on-site: \_\_\_\_\_.

Waste description: \_\_\_\_\_.

Waste quantity: \_\_\_\_\_.

Methods of and dates of storage/treatment/disposal:  Yes  No: \_\_\_\_\_.

Waste inventory (including type, volume & location):

in storage: \_\_\_\_\_.

disposed of on-site (recorded on map): \_\_\_\_\_.

cross-referenced to specific manifest: \_\_\_\_\_.

Analytical results for:

permitted waste: \_\_\_\_\_.

monitoring wells: \_\_\_\_\_.

trial test (to assure compatibility with tanks, impoundments, or waste piles): \_\_\_\_\_.

Report/summary of any incidents requiring implementation of the contingency plan: \_\_\_\_\_.

Records and results of inspections: \_\_\_\_\_.

Closure/Post Closure cost estimates: \_\_\_\_\_.

Does the facility maintain a copy of the LDR notification or certification for each waste received:  Yes  No

Comments: \_\_\_\_\_.

**WASTE ANALYSIS PLAN** (DWA)

Plan on-site:  Yes  No Date of plan: \_\_\_\_\_ Prepared by: \_\_\_\_\_

Does plan include:

Testing parameters:  Yes  No: \_\_\_\_\_

Test methods:  Yes  No: \_\_\_\_\_

Sampling methods:  Yes  No: \_\_\_\_\_

Testing frequency:  Yes  No: \_\_\_\_\_

Copy of results on-site: \_\_\_\_\_

Comments: \_\_\_\_\_

**CLOSURE PLAN** (DCL)

Have any regulated units closed:  Yes  No: \_\_\_\_\_

If yes, is closure certified by owner/P.E.:  Yes  No Date of closure certification: \_\_\_\_\_

Is closure certification on-file at the DEP:  Yes  No

Closure plan on-site:  Yes  No Date of plan: \_\_\_\_\_ Prepared by: \_\_\_\_\_

Status of closure plan (approved and date): \_\_\_\_\_

Does plan include all regulated units (compare plan with Part A & on-site operations): \_\_\_\_\_

Does plan include (indicate presence/absence, comment on adequacy):

Estimate of maximum inventory:  Yes  No: \_\_\_\_\_

Description of how each unit will be closed & methods to be used during closure:  Yes  No: \_\_\_\_\_

Description of steps needed to remove/decontaminate equipment/structures/soil:  Yes  No: \_\_\_\_\_

Schedule for closure of each unit & for final closure (time-frames & milestones):  Yes  No: \_\_\_\_\_

\*Estimate of expected year of final closure:  Yes  No  N/A: \_\_\_\_\_

Comments (e.g., operations do not match plan, amendments needed): \_\_\_\_\_

\* Only needed for facilities without approved closure plans and for facilities, using a trust fund for financial assurance whose remaining operating life is < 20 years

Plan on-site:  Yes  No Date of plan: \_\_\_\_\_ Prepared by: \_\_\_\_\_.

Status of Post-Closure plan (e.g., approved & date): \_\_\_\_\_.

Does plan include description & frequency of:

monitoring activities:  Yes  No: \_\_\_\_\_.

maintenance & inspection activities (e.g., integrity of cap, ground water monitoring):  Yes  No : \_\_\_\_\_.

name, address, telephone number of post-closure contact:  Yes  No: \_\_\_\_\_.

length of post-closure period:  Yes  No: \_\_\_\_\_.

Certification to the Commissioner that notation on deed has been recorded:  Yes  No: \_\_\_\_\_.

Record sent to the Commissioner of the type, location & quantity of hazardous waste disposed of in each cell/disposal unit:  Yes  No: \_\_\_\_\_.

Comments: \_\_\_\_\_.

**FINANCIAL REQUIREMENTS FOR CLOSURE AND POST-CLOSURE** (DFR)

40 CFR 264.142 & 265.142

**CLOSURE COST ESTIMATE**

22a-449(c)-104(a)(1)&(2) & 105(a)(1)&(2)

Estimate on-site:  Yes  No. Amount of estimate: \$ \_\_\_\_\_. Date of most recent adjustment: \_\_\_\_\_.

Comments: \_\_\_\_\_.

40 CFR 264.143 & 265.143

**FINANCIAL ASSURANCE FOR CLOSURE**

22a-449(c)-104(a)(1)&(2) & 105(a)(1)&(2)

Type(s) of mechanism(s) (circle all): trust fund, surety bond\*, letter of credit\*, insurance, financial test/corporate guarantee

Amount of coverage: \$ \_\_\_\_\_. Comments: \_\_\_\_\_.

40 CFR 264.144 & 265.144

**POST-CLOSURE COST ESTIMATE**

22a-449(c)-104(a)(1)&(2) & 105(a)(1)&(2)

Estimate on-site :  Yes  No. Amount of estimate: \$ \_\_\_\_\_. Date of most recent adjustment: \_\_\_\_\_.

Comments: \_\_\_\_\_.

40 CFR 264.145 & 265.145

**FINANCIAL ASSURANCE FOR POST-CLOSURE**

22a-449(c)-104(a)(1)&(2) & 105(a)(1)&(2)

Type(s) of mechanism(s) (circle all): trust fund, surety bond\*, letter of credit\*, insurance, financial test/corporate guarantee

Amount of coverage: \$ \_\_\_\_\_. Comments: \_\_\_\_\_.

**\* NOTE: Surety bonds and letters of credit require the establishment of a standby trust agreement.**

**FINANCIAL REQUIREMENTS CONTINUED** (DFR)

40 CFR 264.147 & 265.147

**3<sup>rd</sup> PARTY LIABILITY INSURANCE**

22a-449(c)-104(a)(1)&(2) & 105(a)(1)&(2)

**Sudden** accidental occurrences (all TSDF's)

Type(s) of mechanism(s) (circle all): trust fund, surety bond\*, letter of credit\*, Insurance: Certificate of Insurance or HW Facility Liability Endorsement, financial test/corporate guarantee

Does the financial mechanism provide at least \$1 million coverage per occurrence with an annual aggregate amount of at least \$2 million:  Yes  No

**Non-sudden** accidental occurrences (impoundments landfills & land treatment facilities)

Type(s) of mechanism(s) (circle all): trust fund, surety bond\*, letter of credit\*, Insurance: Certificate of Insurance or HW Facility Liability Endorsement, financial test/corporate guarantee

Does the financial mechanism provide at least \$3 million coverage per occurrence with an annual aggregate amount of at least \$6 million:  Yes  No

If the owner/operator must meet both liability standards and chooses to combine both coverage levels, does the financial mechanism provide at least \$4 million coverage per occurrence with an annual aggregate of at least \$8 million:  Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

Was the facility released of its RCRA closure / post-closure financial obligations?  Yes  No Identify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

40 CFR 264.101

**FINANCIAL ASSURANCE FOR CORRECTIVE ACTION**

22a-449(c)-104(a)(1)&(2)(O)

Type(s) of mechanism(s) (circle all): trust fund, surety bond, letter of credit, insurance, financial test/corporate guarantee

Amount of coverage: \$ \_\_\_\_\_ . Comments: \_\_\_\_\_

40 CFR 263 & 273 Subpart D

**HAZARDOUS WASTE TRANSPORTATION**

(TOR)

22a-449(c)-103; 113(a)(1);

22a-449(c)-11

Does the handler transport waste:  Yes  No Does the transporter have a 22a-449(c)-11 permit:  Yes  No

If a permit is not required:

Shipping documents maintained on-site (**hazardous waste**): \_\_\_\_\_

Less than 1,000 kg/mo shipped using handler's vehicle (**hazardous waste**): \_\_\_\_\_

Universal waste transported to:  another handler  destination facility  other: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_



**PHOTOS TAKEN** (include: number taken, location, brief description or attach copy of photo log)

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**SAMPLES TAKEN** (attach copy of lab invoice and chain-of-custody form and describe sample collection below)

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**COMMENTS ON OTHER AREAS OF ENVIRONMENTAL CONCERN**

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**ATTACHMENTS**

(If the facility's operations include the following regulatory areas, please check-off the appropriate subject and attach to report)

- NO ATTACHMENTS APPLICABLE**
- ATTACHMENT A:** Import/Export requirements
- ATTACHMENT B:** Spent Lead Acid Batteries Being Recycled
- ATTACHMENT C:** Recycle/Reclaim
- ATTACHMENT D:** Use Constituting Disposal
- ATTACHMENT E:** Accumulation for Recycling
- ATTACHMENT F:** Scrap Metals
- ATTACHMENT G:** Precious Metal Recovery
- ATTACHMENT H:** Used Oil – Collection Center & Aggregation Point Requirements.
- ATTACHMENT I:** Used Oil – Transfer Facility Requirements
- ATTACHMENT J:** Used Oil – Processor & Re-refiner Requirements
- ATTACHMENT K:** Used Oil – Marketer Requirements
- ATTACHMENT L:** Used Oil – Burner Requirements
- ATTACHMENT M:** Used Oil – Used Oil That Is Disposed Of or Used As a Dust Suppressant
- ATTACHMENT N:** Land Disposal Restriction – Treatment Facility Standards
- ATTACHMENT O:** Surface Impoundments
- ATTACHMENT P:** Waste Piles
- ATTACHMENT Q:** Landfills
- ATTACHMENT R:** Subpart BB Requirements
- ATTACHMENT S:** Subpart CC Requirements
- ATTACHMENT AO:** Facility Permit Requirements
- OTHER:** \_\_\_\_\_

**EXIT MEETING**

Closing meeting held at conclusion of inspection: \_\_\_ Yes \_\_\_ No

List attendees and their titles: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Areas reviewed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Field citation issued: \_\_\_ Yes \_\_\_ No, if yes, citation number: \_\_\_\_\_

**INSPECTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Sample  
Not for official use