



Inspection Plan

For
Chemical Waste Management of the
Northwest, Inc.

Arlington Facility • ORD 089 452 353
17629 Cedar Springs Lane
Arlington, Oregon

Standalone Document No. 3

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INSPECTION PLAN

Chemical Waste Management of the Northwest, Inc. (CWMNW) has developed this *Inspection Plan* for its Arlington Facility located in Gilliam County, Oregon. A copy of this *Inspection Plan* will be available at the facility at all times.

1 INTRODUCTION

This *Inspection Plan* describes actions taken at the Arlington Facility to prevent and detect system malfunctions, equipment deterioration and operator errors which, if allowed to continue without correction, could ultimately lead to a release of hazardous waste constituents to the environment or create a threat to human health. The facility inspection program, which this plan describes, is designed to provide an early warning of the potential for such events in order that corrective and preventative actions may be taken in a timely manner.

The inspection program is divided into two segments: (1) general facility inspection, and (2) process-specific inspection. The former focuses on inspection activities that apply to facility-wide operations. Site security, safety, emergency equipment, environmental monitoring systems and potential spill areas are included within this category. Inspection of specific facility support operations (i.e., the laboratory, truck wash station) and the facility's various waste management units (i.e., container storage, bulk storage, stabilization, waste impoundment and landfill) are included in the second category.

The inspection program for the waste management units encompasses the process-specific monitoring and control systems and structures associated with each unit.

This *Inspection Plan* is designed to focus on inspection procedures for routine facility operations rather than for new construction or facility closure/post-closure operations.

The *Inspection Plan* is implemented by qualified individuals assigned the responsibility to detect any unsafe conditions at the facility and prevent adverse consequences. The designated individuals have the training and authority to: (1) implement the required inspections, (2) perform necessary evaluations and hazard assessments, and (3) recommend appropriate corrective or remedial actions.

Inspections are performed routinely according to a pre-determined schedule that is based on engineering knowledge and operational experience with the systems and processes involved. Each inspection item has the content and frequency necessary to alert facility personnel prior to development of a serious problem. A trained inspector carefully evaluates each item, as directed by a pre-formulated inspection checklist, for an indication of potential malfunction, equipment deterioration, or operator error. If an anomalous situation is noted, the level of response and its timing are determined by the nature and seriousness of the problem -- with protection of personnel and the prevention of adverse environmental impact being of paramount concern.

2 INSPECTION PLAN ADMINISTRATION

The facility General Manager is fully responsible for implementation of the *Inspection Plan*. The inspection function operates independently of all other facility functions related to operations. The Facility Inspector, who reports to the General Manager or designee, is designated with the staff responsibility for performing the actual inspections. Reports of the results of the inspections, with appropriate documentation, are made by the Facility Inspector directly to the General Manager or designee. The General Manager or designee is then responsible for directing the appropriate facility functional units to implement required remedial and corrective measures.

2.1 Personnel Qualifications

Each inspector is trained in hazardous waste management, inspection and follow-up procedures, documentation and record-keeping requirements, and various safety and contingency plan procedures. The qualifications and duties of the Facility Inspector and other inspectors are included in the personnel record maintained at the facility.

2.2 Hazard Assessment and Evaluation Procedures

The inspector must be familiar with the location of the equipment and systems to be inspected and their normal configuration. For any discrepancy observed, the inspector determines the potential for personnel injury or for release of hazardous waste constituents, and assesses the nature and timing of remedial action required. His/her determination considers: (1) the location and nature of the problem, (2) the presence of secondary containment or control, (3) the amount and type of waste material involved, (4) the potential for human exposure, and (5) the likelihood of waste migration.

The inspector maintains open lines of communication with the facility's Emergency Coordinator and with the General Manager or designee, and as appropriate, solicits judgment and advice regarding physical constraints and scope of corrective actions, response timing, interim controls and counter-measures. When an inspection indicates equipment malfunction or deterioration, or any other improper condition, the following actions are to be taken:

- Assess the situation.
- Determine the corrective/remedial measures needed to respond to the situation, including appropriate interim measures.
- Establish the time frame within which the remedial action must occur. For emergency or near-emergency situations, prompt verbal reports shall be made to the Emergency Coordinator and/or General Manager (or designee), to be followed later with written reports. For minor discrepancies, routine written reporting procedures, as discussed later, will be followed.
- Provide adequate follow-up to verify that the specified response has occurred and that the situation has been resolved satisfactorily.

In general, all remedial actions and re-inspections are expected to be completed within the week following the inspection which detected a problem. In specific cases where urgent action is required, appropriate coordination with cognizant facility personnel and frequent monitoring of the situation by the inspector will be continued until remedial actions are completed. In cases where physical and/or operation constraints (e.g., replacement equipment availability) cause delays in correcting the problem, the reinspection will follow completion of the work.

2.3 Documentation and Record Keeping

Inspections (and reinspections) are conducted and documented using forms specifically designed to contain all pertinent information. Completed inspection forms are turned in to the General Manager or designee, who reviews and initials the forms and initiates any required remedial actions. A specific Remedial Work Order/Inspection Form is generated by the General Manager or designee for each discrepancy noted by the inspector. The form, which contains pertinent corrective work orders, is forwarded to appropriate facility personnel for implementation. A copy is routed to the General Manager or designee and Facility Inspector for use as a reinspection reminder and for follow-up documentation. Once corrective actions have been completed, the General Manager or designee signs the original form to document that the remedial actions have been satisfactorily completed. All completed forms and attachments are accumulated in the facility operating records. These are retained at the facility for a minimum period of three years from the date of an inspection.

Separate inspection forms are provided for specified daily, weekly, monthly or other scheduled inspections. Each periodic inspection form (see Figure 2-1) includes significant administrative information, such as the identification of the facility unit, the name of the inspector, and the date and time of the inspection. The inspection checklist section of the form is used to indicate the status of designated equipment or structures. If the designated equipment or unit is not in use, it is inspected routinely, and a notation of its operational status is made in the "Additional Notes" column. The inspector's assessments, including notations of the urgency of the required response are marked on the form. The completed form is delivered to the General Manager's or designee's office for review and appropriate action.

The inspection report forms are prepared in advance to include pertinent items to be inspected according to the specific schedules shown later in this *Inspection Plan*. These forms may be modified periodically to accommodate changing needs of the facility. Where necessary, the forms may be printed on both sides to accommodate the inspection checklist and/or list of facilities and structures to be inspected. Lists of equipment to be periodically inspected may also be revised with the approval of the General Manager or designee. Should this occur, updated inspection forms will be included in the *Inspection Plan* when the next revision takes place.

A separate Remedial Work Order/Inspection Form (see Figure 2-2) is used to initiate corrective actions and to document whether each discrepancy noted during an earlier inspection has been corrected adequately. This form identifies the equipment or process unit involved, the nature of the discrepancy noted, and the date of the inspection. It also describes requisite response actions,

the date by which these are to be implemented, and the name of the person responsible for such actions.

A Remedial Work Order/Inspection Form will not be completed for discrepancies which are being remediated at the time of inspection (i.e., rainwater in collection sumps and activities underway to remove rainwater). The inspector will note in the far right hand column of the inspection form that the inspection element is in process.

The lower portion of this Remedial Work Order/Inspection Form is used by the inspector during his/her next scheduled inspection following the date by which the corrective work was to be completed to confirm that the corrective action has been taken. When completed, the form is submitted to the General Manager's or designee's office for filing with the appropriate inspection report.

In summary, the inspector observes facility operations and equipment on a periodic basis in accordance with a specified schedule and inspection elements. When any discrepancy is noted, the inspection results are reviewed by the General Manager or designee who initiates required corrective actions. A remedial work order form is created for each significant discrepancy and corrective action is initiated

Figure 2-1

Chemical Waste Management of the Northwest, Inc.	Page 1 of 1				
<u>Daily Inspection Report</u>					
Date of Inspection: ____ / ____ / ____					
Equipment/Process Unit Name: <u>GENERAL SITE / RAINFALL AND SPILL AREAS</u>					
<p>INSPECTION ELEMENT:</p> <p>A. <u>RAIN GAUGE</u> - Record the rainfall for the previous day</p> <p>B. <u>POTENTIAL SPILL AREAS</u> - Check the following for spills and the removal of spill clean-up materials and any additional items noted below:</p> <p style="margin-left: 40px;">Truck Scale Sampling Area – Check that trucks are sampled in the proper area Roads – Check for drive ability Truck Wash Container Storage (Indoors and Outdoors for both RCRA and TSCA storage units) Surface Impoundments Laboratory (Container Storage Areas) Containment Buildings</p>					
The General Site / Rainfall and Potential Spill Area items listed have been inspected for each of the items noted above. The results are summarized below.					
Time of Inspection	Equipment/Unit Item	Additional Inspection Notes	Status	Unacceptable	If Unacceptable Specify Reasons
	A. Previous Day Rainfall	_____ inch			
	B. Potential Spill Areas				
	Truck Scale				
	Sampling Area				
	Roads				
	Truck Wash				
	Container Storage (Outdoors)				
	Container Storage (Indoors)				
	Surface Impoundments				
	Laboratory				
	Containment Buildings				
Note: In the event of one inch of rainfall in 24 hours, forms A-4, A-8, A-12, A-13, A-14, and A-24 must be completed.					
Emergency Coordinator Contacted: Yes / No			Inspector's Signature: _____		
Environmental Manager's Initials (Verifying Review): _____			Inspector's Name/Title: _____		

Figure 2-2

Figure 2-2

**REMEDIAL WORK ORDER & INSPECTION FORM
FOR GOOD MANAGEMENT PRACTICE**

No. _____ Date _____

REMEDIAL WORK ORDER

Corrective Action Assigned to: _____ Title: _____

Unit Name: _____

Equipment Item: _____

Location: _____

Inspection Element / Type of Problem: _____

Date of Inspection: ____ / ____ / ____

Required Remedial Response: _____

Work to be Completed by: ____ / ____ / ____

Authorized Signature: _____

Print Name / Title: _____

WORK COMPLETION REPORT

Completed On: ____ / ____ / ____ Comments: _____

Completed By: _____

REINSPECTION REPORT

Observations: _____

Comments: _____

Signature of Inspector _____ Date ____ / ____ / ____

Environmental Manager's Initials (verifying review): _____

Revised: 2/14/03

3 GENERAL FACILITY INSPECTION

The general facility inspection activity encompasses the facility perimeter and those items within the property that are common (i.e., not process-specific) to all operations. These include the following:

- Security Devices
- Areas of Possible Spills
- Environmental Monitoring Systems
- Safety and Emergency Equipment

The general inspection schedules; including inspection parameters and frequency, are determined by the types of problems that can potentially occur.

3.1 Types of Potential Problems

The following considerations are pertinent to identification of the types of problems that may occur related to general facility operations:

- Breach of security, either intentional or unintentional by persons, livestock or natural (e.g., climatological) events. Such breach may occur due to:
 - failure of the surveillance system,
 - damage to fences, natural barriers or entry control structures, or
 - obstruction, damage or loss of warning signs.
- Unplanned releases not detected by environmental monitoring equipment due to malfunction or failure.
- Health and safety equipment failure, absence or inaccessibility

3.2 General Inspection Schedules

The general inspection schedules are based on the facility's operational mode, potential failure modes, and an assessment of the hazard magnitude posed by a particular malfunction, failure or discrepancy.

Schedules designed for inspection of the general facility operations are shown in Table 3 1; of environmental monitoring systems in Table 3 2; and of safety and emergency equipment in Table 3 3.

Report forms used to inspect security devices, all areas subject to potential spills, environmental monitoring systems, and safety and emergency equipment are identified in Tables 3-1 through 3-3 with the corresponding figure numbers (e.g., Fig. A-2).

TABLE 3-1**GENERAL FACILITY OPERATIONS INSPECTION SCHEDULE**

<u>EQUIPMENT</u>	<u>INSPECTION ELEMENT/ TYPE OF PROBLEM</u>	<u>INSPECTION FREQUENCY</u>
<u>Security Devices</u>		
Fence	■ inspect entire perimeter for breaches, damage	Weekly (<i>Fig. A-8</i>)
Gates	■ check for controlled entry	Weekly (<i>Fig. A-8</i>)
	■ check for damage	Weekly (<i>Fig. A-8</i>)
	■ check that all gates are closed and locked after hours	Weekly (<i>Fig. A-8</i>)
Warning Signs	■ check for presence of warning signs and legibility of printing (Both TSCA and RCRA)	Annual (<i>Fig. A-24</i>)
Rain Gauge	■ Record the amount of rainfall	Daily (<i>Fig. A-1</i>)
<u>Areas Subject to Spills</u>		
Truck Scale	■ check for spills and removal of spill clean-up materials	Daily (<i>Fig. A-1</i>)
Sampling Area	■ check to make sure trucks are sampled in proper area ■ check for spills and removal of spill clean-up materials	Daily (<i>Fig. A-1</i>)
Roads	■ check for drive ability and spills	Daily (<i>Fig. A-1</i>)
Tanks/Truck Wash	■ check for evidence of spills ■ check for removal of spill cleanup materials	Daily (<i>Fig. A-1</i>)
Container Storage Areas (Out-of-Doors)	■ check for evidence of spilled material	Daily (<i>Fig. A-1</i>)
	■ check for removal of spill cleanup materials	Daily (<i>Fig. A-1</i>)
Container Storage Areas (In-Doors)	■ check for evidence of spilled material	Daily (<i>Fig. A-1</i>)
	■ check for removal of spill cleanup materials	Daily (<i>Fig. A-1</i>)
Surface Impoundments	■ check for evidence and cleanup of spills	Daily (<i>Fig. A-1</i>)
Laboratory	■ check for evidence and cleanup of spills	Daily (<i>Fig. A-1</i>)
<u>Landfill Use of Leachate For Dust Suppression</u>		
Landfill L-12	■ check for ponding and runoff	Daily (<i>Fig. A-2a</i>)
Landfill L-13	■ check for ponding and runoff	Daily (<i>Fig. A-2a</i>)
Landfill L-14	■ check for ponding and runoff	Daily (<i>Fig. A-2a</i>)Rev 2

*Defined as a one-inch rainfall during a 24-hour period as measure on-site.

TABLE 3-2

GENERAL INSPECTION SCHEDULE, ENVIRONMENTAL MONITORING SYSTEMS

<u>EQUIPMENT</u>	<u>INSPECTION ELEMENT/ TYPE OF PROBLEM</u>	<u>INSPECTION FREQUENCY</u>
<u>Groundwater Monitoring Network</u>		
Monitoring Wells	■ check that wells are visible and accessible to personnel	Documented on inspection form during the sampling event (semi-annual)
	■ check that area around wells is clean	Documented on inspection form during the sampling event (semi-annual)
	■ check for damage to pipe/ protective cover and cap/lock	Documented on inspection form during the sampling event (semi-annual)

TABLE 3-3**GENERAL INSPECTION SCHEDULE, SAFETY & EMERGENCY EQUIPMENT**

<u>EQUIPMENT</u>	<u>INSPECTION ELEMENT/ TYPE OF PROBLEM</u>	<u>INSPECTION FREQUENCY</u>
<u>On-Site Emergency Equipment</u>		
Internal (Radio and Communications System)	<ul style="list-style-type: none"> ■ check accessibility ■ check for operation 	Monthly (<i>Fig. A-15</i>) Monthly (<i>Fig. A-15</i>)
Fire Blankets	<ul style="list-style-type: none"> ■ check for deterioration ■ check for adequate supply ■ check accessibility 	Monthly (<i>Fig A-16</i>) Monthly (<i>Fig A-16</i>) Monthly (<i>Fig. A-16</i>)
Fire Extinguishers	<ul style="list-style-type: none"> ■ check pressure gauge for full charge indication ■ check inspection tag to insure annual maintenance by outside fire service is up-to-date ■ check seal to ensure no one has used extinguisher ■ check to ensure access to units is not blocked ■ check adequate supply of fire fighting foam ■ check unit for damage 	Monthly (<i>Fig. A-17</i>) Monthly (<i>Fig. A-17</i>) Monthly (<i>Fig. A-17</i>) Monthly (<i>Fig. A-17</i>) Monthly (<i>Fig. A-17</i>) Monthly (<i>Fig. A-17</i>)
Fire Water Line	<ul style="list-style-type: none"> ■ check for adequate pressure 	Monthly (<i>Fig. A-21</i>)
Absorbent Supply	<ul style="list-style-type: none"> ■ check for adequate supply 	Monthly (<i>Fig. A-21</i>)
Recovery Drums	<ul style="list-style-type: none"> ■ check for adequate supply 	Monthly (<i>Fig. A-21</i>)
Alarm Systems (Sirens and Flashing Light)	<ul style="list-style-type: none"> ■ check accessibility ■ activate audible alarm ■ check flashing light operability 	Monthly (<i>Fig. A-21</i>) Monthly (<i>Fig. A-21</i>) Monthly (<i>Fig. A-21</i>)
First Aid Kits	<ul style="list-style-type: none"> ■ check accessibility ■ check for adequate supply 	Monthly (<i>Fig. A-18</i>) Monthly (<i>Fig. A-18</i>)

TABLE 3-3 (Continued)

GENERAL INSPECTION SCHEDULE, SAFETY & EMERGENCY EQUIPMENT

<u>EQUIPMENT</u>	<u>INSPECTION ELEMENT/ TYPE OF PROBLEM</u>	<u>INSPECTION FREQUENCY</u>
<u>On-Site Emergency Equipment (Continued)</u>		
Breathing Apparatus (e.g., Dust Masks, Full-Face Respira- tors, Supplied Air Respirators, 15- Minute Emergency Escape Units, 30 Minute Breathing Apparatus, Oxygen Bottles, Compressed Air Cylinders, Breathing Air Compressor)	■ check for accessibility of supplied air breathing apparatus and escape packs	Monthly (<i>Fig. A-19</i>)
	■ check pressure in air bottles (over 500 psi)	Monthly (<i>Fig. A-19</i>)
	■ check for full charge of air bottle - Escape pack only	Monthly (<i>Fig. A-19</i>)
	■ check for adequate supply	Monthly (<i>Fig. A-19</i>)
	■ check air packs for full charge	Monthly (<i>Fig. A-19</i>)
	■ check for deterioration, damage	Monthly (<i>Fig. A-19</i>)
Emergency Showers	■ check for function of all units on equipment and trailers	Monthly (<i>Fig. A-19</i>)
	■ check that units activate and shut off properly	Quarterly (<i>Fig. A-22</i>)
	■ check accessibility	Quarterly (<i>Fig. A-22</i>)
	■ check for damage to unit	Quarterly (<i>Fig. A-22</i>)
	■ check that eyewash activates and shuts off properly	Quarterly (<i>Fig. A-22</i>)
Safety Storage Area	■ check for cover caps on the eyewash	Quarterly (<i>Fig. A-22</i>)
	■ check for adequate supply and accessibility of necessary equipment (air packs, cylinders, respirators, chemical-resistant clothing/gloves, first aid kits, etc.)	Monthly (<i>Fig. A-20</i>)

4 PROCESS-SPECIFIC INSPECTION ACTIVITIES/SCHEDULES

The following listed operational units and process systems at the facility are subject to process-specific inspection schedules and procedures presented in this section:

- Laboratory
- Truck Wash Station
- Container Storage Areas/Buildings
- Bulk Liquid Storage Tanks
- Wastewater Treatment Plant
- Stabilization Unit
- Landfills
- Waste Impoundments
- Closed Landfills
- TSCA PCB Storage Areas
- Containment Buildings
- Organic Recovery Unit

‡Rev 4

Equipment and structures at each process unit will be regularly inspected for malfunction, deterioration, failure, operator errors or other causes which could endanger human health or the environment. The types of potential problems and the hazards uniquely associated with each of the facility's process units are used to establish the elements (parameters) and frequency of inspection presented in the following sections.

4.1 Laboratory Inspection

The principal source of concern in the facility's chemical laboratory is the potential for an inadvertent spill or release of hazardous waste constituents due to the improper handling, storage or disposal of samples. Failure of the ventilation or hood systems, improper placement or storage of samples, and contamination of sampling and testing equipment also are inspection concerns. The latter items in this paragraph will be inspected using the facilities' Compliance Management System (CMS) with tasks assigned to laboratory personnel responsible for maintaining the Laboratory Chemical Hygiene Plan.

Pertinent inspection parameters and frequency of inspection for the waste samples in the on-site laboratory are shown in Table 4-1. Inspection of the laboratory waste tank (T-L-1) is included in the bulk liquids storage tank inspection check list in Table 4-4.

4.2 Truck Wash Station Inspection

Release of hazardous waste constituents into the environment or risk to personnel safety could result from the following washing facility potential problems at the Truck Wash Station:

- Malfunction of washing equipment (pumps, water supply, hoses)
- Deterioration or failure of containment (berms, sumps, pad)
- Deterioration/failure of discharge holding structure

The inspection procedures and schedules for the Truck Wash Station are shown in Table 4-2.

4.3 Container Storage Inspection

The primary concern at indoor container storage buildings is containment of wastes and protection of drums from adverse weather conditions. Outdoor container storage areas contain wastes in drums, overpacks, or drip pans. The potential problems of concern related to the facility's drum (container) storage areas/buildings include:

- Spills in loading/unloading area (addressed under the General Facility Operations Inspection in Table 3-1)
- Deteriorated, damaged, leaking or open containers
- Failure or deterioration of secondary spill containment structures
- Improper placement or stacking of drums
- 40 CFR 264 subpart CC compliance

The elements and frequency of inspection for the container storage units are as shown in Table 4-3.

4.3.1 Container Storage Area Subpart CC Compliance

To comply with 40 CFR 270.27(a)(2) the following container storage areas are being identified as areas subject to the requirements of 40 CFR part 264, subpart CC:

- S-2; S-4; S-5; S-6; S-10; and S-11A ‡ **Rev. 6**

In accordance with 40 CFR 264.1086(c)(4) and (d)(4), containers received at the facility will be inspected within 24 hours of receiving the containers subject to this regulation. The inspection will be performed and documented on the Load Inspection Sheet as identified by site personnel. Site personnel will visually inspect the container and its cover and closure devices to check for visible cracks, holes, gaps, or other open spaces into the interior of the container when the cover and closure devices are secured in the closed position.

The inspector will check the outside container storage areas S-5, S-6, and S-10 ‡ **Rev. 6** weekly to determine if bioremediation operations are being conducted in containers. If biotreatment containers are present and operating, the inspector will verify that Subpart CC controls are in place. ‡ **Rev. 1**

4.4 Bulk Liquid Storage Tank Inspection

4.4.1 General Inspection

The types of potential problems which can occur at/near bulk liquid storage tank areas are:

- Spills during loading and unloading of tanks
- Structural failure of tanks or secondary containment features
- Operating equipment (i.e., pumps, valves) failure or malfunction
- Level-monitoring equipment failure, resulting in overfilling

The elements and frequency of inspection for the facility's bulk liquid storage units are summarized in Table 4-4. Inspections are conducted only when the tanks are in service and before liquids are added to a previously out-of-service tank.

4.4.2 Wastewater Treatment Plant Tank System Inspection

It is judged that potential problems at/with this tank system could result only from structural or operating equipment failure. Bulk storage, product storage and wastewater treatment all take place inside the Wastewater Treatment Plant. Elements of inspection for the unit are summarized in Table 4-4. † Rev 4

If more than 1 (one) gallon of liquid discharges from the inspection port on the secondary containment for the Pond B discharge pipe, then the discharge must be tested to determine if leachate constituents are present. The procedures are outlined in §2.2.2 of the Bulk Liquid Storage/Treatment Plan (Standalone Document No. 8). † Rev 7

4.5 Stabilization Unit Inspection

It is judged that potential problems at/with this process station could result only from structural or operating equipment failure. Inspection of structural and mechanical system integrity of the stabilization unit is performed daily only when the process is operated. Elements of inspection for the unit are summarized in Table 4-5.

Sump alarms have been installed in all primary sumps. The alarms provide continuous sump monitoring. The inspector records the sump condition daily. When the monitor sounds an alarm, indicating liquid is present in the primary sumps, the Inspector will measure the liquid depth. † Rev. 6

Secondary sumps are inspected quarterly to guard against liquid buildup (surface water) that could affect stability of the foundation or tank structure. Excess buildup (i.e. liquids reaching the top of the ports) will be pumped down on discovery. † Rev. 6

4.6 Landfills Inspection

The types of problems that increase the likelihood of an unplanned or unknowing release of hazardous wastes to the environment from active landfill cells include:

- Run-on diversion berm failure or obstruction of drainage channels
- Run-off containment system failure
- Leachate generation and migration to ground or surface waters--due to liner failure or failure of the leachate removal systems

Wind dispersal of wastes Landfill inspection parameters and frequency are indicated in Table 4-6

4.7 Waste Impoundments Inspection

Potential problems which may be associated with waste impoundments include:

- Overtopping due to wind action or heavy precipitation
-

- Liner failure (leakage)
- Malfunction, deterioration, or failure of truck washing equipment (pumps, water supply and hoses)

The relevant inspection elements and necessary frequencies are shown in Table 4-7.

4.8 Closed Landfills Inspection

Each capped landfill is inspected on a monthly basis to ensure the structural integrity of the cap. Potential problems include items identified in Table 4-8 which may result in damage to the cap. The elements and the frequency of inspections are summarized in Table 4-8.

4.9 PCB Storage/Transfer Unit Inspection

Any mobile equipment involved in the PCB storage and transfer operations, including forklifts and spill response equipment, is kept within the PCB Storage/Transfer Unit. If any such equipment is moved out of the unit, it is first properly decontaminated or verified to be free of PCB contamination. Unauthorized vehicles are not permitted in this PCB area.

The elements and frequency of inspection for the PCB Storage/Transfer Unit are summarized in Table 4-9.

4.10 Containment Buildings Inspection

Each containment building is inspected weekly to ensure that visible portions of the building show no signs of deterioration or damage. The tracking of contaminants from the building is checked by visually inspecting the exterior surfaces immediately adjacent to containment building exits for presence of waste. If waste is observed to be present, a Remedial Work Order is issued.

The exterior sides of all containment buildings including doorways, manways, vents, and louvers are visually inspected for damage and waste emissions. If damage or waste emissions are observed, a Remedial Work Order is issued. The weekly inspection includes the exterior of baghouses, stacks, and ancillary air handling equipment which are visually inspected for emissions as well. If emissions are observed from this equipment, a Remedial Work Order is issued.

The inspector will confirm weekly with the appropriate personnel that preventative maintenance on the air handling equipment is being performed at the proper frequency as recommended by the manufacturer. Rev 1

The elements and the frequency of inspections are summarized in Table 4-10.

4.11 Organic Recovery Unit Inspection

The ORU tanks, piping and containment will be inspected daily. The tanks and piping will be inspected for visible leaks and general condition. The overflow alarms will be tested to insure they are in working order. The containment area and sumps will be inspected for evidence of any liquid collection and evidence of any leakage from the associated pipes, pumps, tanks and

equipment contained within the area. Containers within the area will be checked for compliance with applicable 90 day or satellite rules.

Major equipment at the ORU will be monitored on a scheduled basis (per manufacturer's guidance). ORU inspection elements are outlined in Table 4-13.

TABLE 4-1

LABORATORY INSPECTION SCHEDULE

<u>EQUIPMENT</u>	<u>INSPECTION ELEMENT/ TYPE OF PROBLEM</u>	<u>INSPECTION FREQUENCY</u>
<u><i>Laboratory Hazardous Wastes</i></u>		
Laboratory Wastes	<ul style="list-style-type: none"> ■ check waste containers for proper labels 	Weekly (<i>Fig. A-9</i>)
	<ul style="list-style-type: none"> ■ check that sampling wastes are stored in properly marked and dated containers 	Weekly (<i>Fig. A-9</i>)
	<ul style="list-style-type: none"> ■ check for drum deterioration, leaks, or swelling 	Weekly (<i>Fig. A-9</i>)
	<ul style="list-style-type: none"> ■ check that drums are not open 	Weekly (<i>Fig. A-9</i>)
	<ul style="list-style-type: none"> ■ check for incompatible storage 	Weekly (<i>Fig. A-9</i>)
	<ul style="list-style-type: none"> ■ check that storage time limitations have not been exceeded 	Weekly (<i>Fig. A-9</i>)

TABLE 4-2

TRUCK WASH STATION INSPECTION SCHEDULE

<u>EQUIPMENT</u>	<u>INSPECTION ELEMENT/ TYPE OF PROBLEM</u>	<u>INSPECTION FREQUENCY</u>
<i>Truck Wash Station</i>		
Tanks/Truck Wash (T-TW)	■ check housekeeping of area	Daily (<i>Fig. A-4</i>)
	■ check if alarm system activates	Daily (<i>Fig. A-4</i>)
	■ check for cracks and gaps in curbing and wall of tanks and flume**	Daily (<i>Fig. A-4</i>)
	■ check for improperly stored equipment	Daily (<i>Fig. A-4</i>)
	■ check for seepage outside containment of tanks and flume**	Daily (<i>Fig. A-4</i>)
	■ check building floor, curb and flume for cracks or deterioration	Daily (<i>Fig. A-4</i>)
	■ check hoses for deterioration	Daily (<i>Fig. A-4</i>)
	■ check to verify liquid level is below authorized freeboard	Daily and (<i>Fig. A-4</i>) after storms*
	■ check for removal of spill absorbent	Daily (<i>Fig. A-4</i>)
■ check for evidence of spills	Daily (<i>Fig. A-4</i>)	

* Defined as a one-inch rainfall during a 24-hour period as measured on-site.

** Above-ground portions.

TABLE 4-3 ‡Rev 6**CONTAINER STORAGE INSPECTION SCHEDULE**

<u>EQUIPMENT</u>	<u>INSPECTION ELEMENT/ TYPE OF PROBLEM</u>	<u>INSPECTION FREQUENCY</u>
<u>Container Storage Areas</u>		
Container Storage Buildings (Indoors)	■ check floor sumps and curbing for deterioration and cracks	Weekly (<i>Fig. A-10</i>)
	■ check roof and walls for leakage	Weekly (<i>Fig. A-10</i>)
	■ check for removal of spill clean-up materials	Weekly (<i>Fig. A-10</i>)
	■ check sumps for liquids	Weekly (<i>Fig. A-10</i>)
	■ check for structural integrity	Weekly (<i>Fig. A-10</i>)
Container Storage Areas (Out-of-Doors)	■ verify storage is within proper areas	Weekly (<i>Fig. A-10</i>)
	■ check for deterioration of containment structures	Weekly (<i>Fig. A-10</i>)
	■ check sumps for liquids	Weekly (<i>Fig. A-10</i>)
	■ check for removal of spill clean-up materials	Weekly (<i>Fig. A-10</i>)
Stored Containers	■ check for drum deterioration, leaks or swelling	Weekly (<i>Fig. A-10</i>)
	■ check that drums are not open	Weekly (<i>Fig. A-10</i>)
	■ check for proper placement and marking of containers	Weekly (<i>Fig. A-10</i>)
	■ check adequacy of aisle space	Weekly (<i>Fig. A-10</i>)
	■ verify drums are not placed in standing water	Weekly (<i>Fig. A-10</i>)
Subpart CC Compliance	■ check for incompatible storage	Weekly (<i>Fig. A-10</i>)
	■ check that there are no visible cracks holes, gaps or other open spaces	Within 24 hours of receipt (<i>Load Inspection Sheet</i>)
	■ check for the presence of biotreatment in containers outside Container Storage Areas S-5, S-6, and S-10; verify Subpart CC controls are in place if biotreatment containers are present	Weekly (<i>Fig. A-10</i>)

‡ Rev 1

TABLE 4-4

**BULK LIQUID STORAGE TANKS & WASTEWATER TREATMENT PLANT
INSPECTION SCHEDULE**

<u>EQUIPMENT</u>	<u>INSPECTION ELEMENT/ TYPE OF PROBLEM</u>	<u>INSPECTION FREQUENCY</u>
<u><i>Wastewater Tanks</i></u>		
‡ Rev 4 Tanks	<ul style="list-style-type: none"> ■ check for evidence of spills around tanks and unloading areas ■ check for removal of spill absorbent ■ check for improperly stored equipment ■ check operability of tank liquid level indicators ■ check that daily log is up-to-date ■ check piping and hoses for leaks and deterioration ■ check tank exterior for cracks, leaks, discoloration or deformation ■ check housekeeping of area ■ check for proper labels 	<p>Daily (<i>Fig. A-6</i>)</p> <p>Daily (<i>Fig. A-6</i>)</p> <p>Daily (<i>Fig. A-6</i>)</p> <p>Daily (<i>Fig. A-6</i>)</p> <p>Daily (<i>Fig. A-6</i>)</p> <p>Daily (<i>Fig. A-6</i>)</p> <p>Daily (<i>Fig. A-6</i>)</p> <p>Daily (<i>Fig. A-6</i>)</p>
<u><i>Laboratory Tank</i></u>		
Tank, Lab (T-L)	<ul style="list-style-type: none"> ■ check if alarm systems activates ■ check for spills around tank hatch and under lid ■ check housekeeping ■ check that handles are not bent or damaged ■ check for proper labels 	<p>Daily (<i>Fig. A-4</i>)</p> <p>Daily (<i>Fig. A-4</i>)</p> <p>Daily (<i>Fig. A-4</i>)</p> <p>Daily (<i>Fig. A-4</i>)</p> <p>Daily (<i>Fig. A-4</i>)</p>

TABLE 4-4(Continued)

**BULK LIQUID STORAGE TANKS & WASTEWATER TREATMENT PLANT
INSPECTION SCHEDULE**

<u>EQUIPMENT</u>	<u>INSPECTION ELEMENT/ TYPE OF PROBLEM</u>	<u>INSPECTION FREQUENCY</u>
<u>Wastewater Treatment Plant</u>		
Wastewater Treatment Tank System	■ check for damage to tanks and piping	Daily (<i>Fig. A-6</i>)
	■ check for evidence of spills	Daily (<i>Fig. A-6</i>)
	■ check for evidence of leaks	Daily (<i>Fig. A-6</i>)
	■ check for evidence of corrosion of tanks	Daily (<i>Fig. A-6</i>)
	■ check for evidence of accumulation of liquid	Daily (<i>Fig. A-6</i>)
	■ check physical integrity of sump and floor coating	Daily (<i>Fig. A-6</i>)
	■ check contingency/emergency equipment	Daily (<i>Fig. A-6</i>)
	■ check containers for damage, labeling, and compatibility.	Daily (<i>Fig. A-6</i>)
	■ check for operation of tank liquid level alarms.	Daily (<i>Fig. A-6</i>)
	■ check for liquid accumulation from inspection port on Pond B secondary containment pipe.*	Daily (<i>Fig. A-6</i>)

* If discharge > 1 gallon, then obtain a sample of the liquid per §2.2.2 of the Bulk Liquid Storage/Treatment Plan

TABLE 4-5 ‡ Rev. 6

STABILIZATION UNIT INSPECTION SCHEDULE

<u>EQUIPMENT</u>	<u>INSPECTION ELEMENT/ TYPE OF PROBLEM</u>	<u>INSPECTION FREQUENCY</u>
<u>Stabilization Unit</u>		
Treatment Tanks	■ check for damage to tanks	Daily (<i>Fig. A-3</i>)
	■ check for evidence of spills	Daily (<i>Fig. A-3</i>)
	■ check for evidence of leaks	Daily (<i>Fig. A-3</i>)
	■ check for sufficient freeboard in tanks	Daily (<i>Fig. A-3</i>)
	■ check for evidence of corrosion of tanks	Daily (<i>Fig. A-3</i>)
Containment Sumps	■ check for evidence of accumulation of liquid in primary sumps	Daily (<i>Fig. A-3</i>)
	■ check physical integrity of sump and standpipes	Daily (<i>Fig. A-3</i>)
	■ check for evidence of accumulation of liquid in secondary sumps	Quarterly (<i>Fig. A-21a</i>)

TABLE 4-6**LANDFILLS INSPECTION SCHEDULE**

<u>EQUIPMENT</u>	<u>INSPECTION ELEMENT/ TYPE OF PROBLEM</u>	<u>INSPECTION FREQUENCY</u>
<i>Active Landfills</i>		
Run-on Diversion	■ check berms for erosion	Weekly (<i>Fig. A-13</i>) and after storms*
	■ check ditches for erosion, siltation and debris	Weekly (<i>Fig. A-13</i>) and after storms*
Run-off Control System	■ check for erosion or deterioration of dikes/berms, including seepage	Weekly (<i>Fig. A-13</i>) and after storms*
	■ check for removal of rainfall accumulation at dikes/berms	Weekly (<i>Fig. A-13</i>) and after storms*
Wind Dispersal Control	■ check effectiveness of fugitive dust suppression on roads	Weekly (<i>Fig. A-13</i>)
	■ check for evidence of wind dispersal of wastes	Weekly (<i>Fig. A-13</i>)
Leachate Collection/ Monitoring System	■ check condition of riser cover and lock	Daily (<i>Fig. A-2</i>) and after storms*
	■ check for presence and level of liquid in sumps	Daily (<i>Fig. A-2</i>) and after storms*
	■ record volume of liquid	Daily (<i>Fig. A-2</i>) and after storms*

* Defined as one-inch rainfall in a 24-hour period as measured on-site.

WASTE IMPOUNDMENTS INSPECTION SCHEDULE

<u>EQUIPMENT</u>	<u>INSPECTION ELEMENT/ TYPE OF PROBLEM</u>	<u>INSPECTION FREQUENCY</u>
<i>Active Impoundments</i>		
Ponds	■ check for liquid level at or below approved limit	Weekly (Fig. A-12)
	■ check level indicator for damage	Weekly (Fig. A-12)
	■ check for sudden drop in liquid level (from prior week)	Weekly (Fig. A-12)
Run-on Diversion	■ check berms for erosion	Weekly (Fig. A-12) and after storms*
	■ check drainage ditches for erosion, siltation, and debris	Weekly (Fig. A-12) and after storms*
Leak Detection System (where applicable)	■ check condition of riser and end closure cap	Weekly (Fig. A-12)
	■ check for presence of liquid in sump(s) and record quantity removed	Weekly (Fig. A-12)
Truck Wash Equipment	■ visually check water supply hoses	Weekly (Fig. A-12)
	■ check washout area	Weekly (Fig. A-12)
	■ check housekeeping	Weekly (Fig. A-12)
Transfer Piping	■ check for leaks or damage	Weekly (Fig. A-12)

* Defined as a one-inch rainfall in a 24-hour period as measured on-site.

TABLE 4-8

CLOSED LANDFILLS INSPECTION SCHEDULE

<u>EQUIPMENT</u>	<u>INSPECTION ELEMENT/ TYPE OF PROBLEM</u>	<u>INSPECTION FREQUENCY</u>
<i>Closed Landfills</i>		
Cap Condition	■ Check for wind or water erosion standing water	Monthly (<i>Fig. A-14</i>)
	■ Check for blocking and/or erosion of run-on and runoff control systems	Monthly (<i>Fig. A-14</i>)
	■ Check for settling, cracking or fracture of the cap	Monthly (<i>Fig. A-14</i>)
	■ Check for burrowing animals	Monthly (<i>Fig. A-14</i>)
	■ Check for lack of vegetation	Monthly(<i>Fig. A-14</i>)
	■ Check for damaged or displaced landfill markers	Monthly(<i>Fig. A-14</i>)
	■ Damaged leachate collection/detection risers	Monthly (<i>Fig. A-14</i>)
Leachate Collection	■ Check for presence of liquid in sumps	Monthly (<i>Fig. A-14</i>) (For cells with liquid) Semiannual (<i>Fig. A-23</i>) (For cells without liquid)

* Monthly frequency is established in the TSCA Letter of Approval under Condition 22.a.

TABLE 4-9† Rev. 6

PCB STORAGE/TRANSFER UNIT INSPECTION SCHEDULE

<u>EQUIPMENT</u>	<u>INSPECTION ELEMENT/ TYPE OF PROBLEM</u>	<u>INSPECTION FREQUENCY</u>
<u>PCB Storage Area</u>		
Storage	<ul style="list-style-type: none"> ■ check housekeeping for trash and weeds ■ check unused pans for proper storage ■ check berms for structural integrity 	<p>Weekly (<i>Fig. A-11</i>)</p> <p>Weekly (<i>Fig. A-11</i>)</p> <p>Weekly (<i>Fig. A-11</i>)</p>
Drip Pans	<ul style="list-style-type: none"> ■ check for any spilled liquids in pans 	Weekly (<i>Fig. A-11</i>)
Vehicles	<ul style="list-style-type: none"> ■ check all mobile equipment leaving PCB area to ensure decontamination has occurred ■ check to ensure that no unauthorized vehicles are in the area 	<p>Weekly (<i>Fig. A-11</i>)</p> <p>Weekly (<i>Fig. A-11</i>)</p>
Container Storage Units	<ul style="list-style-type: none"> ■ See Table 4-3 	Weekly (<i>Fig. A-10</i>)
Spill Areas	<ul style="list-style-type: none"> ■ See Table 3-1 	Daily (<i>Fig. A-1</i>)
Tanks	<ul style="list-style-type: none"> ■ See Table 4-4 	Daily (<i>Fig. A-5</i>)

TABLE 4-10**CONTAINMENT BUILDINGS INSPECTION SCHEDULE**

<u>EQUIPMENT</u>	<u>INSPECTION ELEMENT/ TYPE OF PROBLEM</u>	<u>INSPECTION FREQUENCY</u>
Visible Portions of Bldg.	■ check for damage to the visible portions	Weekly (<i>Fig. A-25</i>)
	■ check for gaps, cracks or other damage	Weekly (<i>Fig. A-25</i>)
Waste Level	■ check that the waste level does not exceed the height of the walls of the bldg.	Weekly (<i>Fig. A-25</i>)
Contamination Control	■ check exterior surface immediately adjacent to equipment decontamination areas for presence of waste.	Weekly (<i>Fig. A-25</i>)
	■ check personnel decontamination rooms at Containment Buildings B-1 and B-5 for presence of waste.	
Fugitive Emission Control	■ check that no visible emissions are occurring from the building openings, doorways, vents, and louvers.	Weekly (<i>Fig. A-25</i>)
	■ check baghouses, stacks, and other air handling equipment for signs of visible emissions	
Liner	■ check for the presence of liquid in sumps	Weekly (<i>Fig. A-25</i>)
Storage Tanks ‡ Rev. 4	■ check for damage to tanks	Daily (<i>Fig. A-6</i>)
	■ check for evidence of spills	Daily (<i>Fig. A-6</i>)
	■ check for evidence of leaks	Daily (<i>Fig. A-6</i>)
	■ check for sufficient freeboard in tanks	Daily (<i>Fig. A-6</i>)
	■ check for evidence of corrosion of tanks	Daily (<i>Fig. A-6</i>)
Preventative Maintenance	■ confirm that preventative maintenance is being performed on the air handling equipment at the frequency recommended by the manufacturer	Weekly (<i>FigA-25</i>)
‡ Rev 1 Containment Sumps	■ check for evidence of accumulation of liquid	Daily (<i>Fig. A-6</i>)
	■ check physical integrity of sump and standpipes	Daily (<i>Fig. A-6</i>)
‡ Rev 4		

Table 4-11 removed Rev 4

TABLE 4-12

DOLLY DOWN AREA INSPECTION SCHEDULE

<u>EQUIPMENT</u>	<u>INSPECTION ELEMENT/ TYPE OF PROBLEM</u>	<u>INSPECTION FREQUENCY</u>
Containers (Regulated Waste)	■ check containers for leaks	Daily (<i>Fig. A-27</i>)
	■ check for proper labels	Daily (<i>Fig. A-27</i>)
	■ check manifests to verify that time from dollyed down date does not exceed 72 hours	Daily (<i>Fig. A-27</i>)
Containers (Non-regulated Waste)	■ check containers for leaks	Daily (<i>Fig. A-27</i>)
	■ check for covers on containers	Daily (<i>Fig. A-27</i>)
	■ check for proper labels	Daily (<i>Fig. A-27</i>)
	■ check for waste profile number on top of drum	Daily (<i>Fig. A-27</i>)
	■ verify that daily drum log is complete	Daily (<i>Fig. A-27</i>)

TABLE 4-13

**ORGANIC RECOVERY UNIT
INSPECTION SCHEDULE**

<u>EQUIPMENT</u>	<u>INSPECTION ELEMENT/ TYPE OF PROBLEM</u>	<u>INSPECTION FREQUENCY</u>
<i><u>Wastewater Tanks, Oil/Water Separator and Oil Storage Tanks</u></i>		
<i>Tanks and Piping</i>	■ check for evidence of spills around tanks and unloading areas	Daily (<i>Fig. A-7a</i>)
	■ check for removal of spill absorbent and cleanup materials	Daily (<i>Fig. A-7a</i>)
	■ check operability of tank liquid level indicators and alarms	Daily (<i>Fig. A-7a</i>)
	■ check that tank log is up-to-date	Daily (<i>Fig. A-7a</i>)
	■ check piping and hoses for leaks and deterioration	Daily (<i>Fig. A-7a</i>)
	■ check tank exterior for cracks, leaks, discoloration or deformation	Daily (<i>Fig. A-7a</i>)
	■ check for proper labels	Daily (<i>Fig. A-7a</i>)
	■ check for damage to tanks and piping	Daily (<i>Fig. A-7a</i>)
<i>Tank Containment</i>	■ check for evidence of spills	Daily (<i>Fig. A-7a</i>)
	■ check for evidence of leaks	Daily (<i>Fig. A-7a</i>)
	■ check for removal of spill absorbent	Daily (<i>Fig. A-7a</i>)
	■ check that spill kit is adequately stocked	Daily (<i>Fig. A-7a</i>)
	■ check for evidence of corrosion of tanks	Daily (<i>Fig. A-7a</i>)
	■ check for evidence of accumulation of liquid	Daily (<i>Fig. A-7a</i>)
	■ check floor and curb for cracks or deterioration	Daily (<i>Fig. A-7a</i>)
	■ check physical integrity of sump and floor coating	Daily (<i>Fig. A-7a</i>)
	■ check contingency/emergency equipment	Daily (<i>Fig. A-7a</i>)
	■ check containers for damage, labeling, and compatibility.	Daily (<i>Fig. A-7a</i>)
	■ check housekeeping of area	Daily (<i>Fig. A-7a</i>)
	■ check for improperly stored equipment	Daily (<i>Fig. A-7a</i>)
	■ check that fill hoses are inside containment	Daily (<i>Fig. A-7a</i>)

TABLE 4-14

NEW ORGANIC RECOVERY UNIT INSPECTION SCHEDULE		
<u>EQUIPMENT</u>	<u>INSPECTION ELEMENT/ TYPE OF PROBLEM</u>	<u>INSPECTION FREQUENCY</u>
<i>Wastewater Tanks, Oil/Water Separator and Oil Storage Tanks</i>		
<i>Tanks and Piping</i>	■ check for evidence of spills around tanks and unloading areas	Daily (<i>Fig. D4</i>)
	■ check for removal of spill absorbent and cleanup materials	Daily (<i>Fig. D4</i>)
	■ check operability of tank liquid level indicators and alarms	Daily (<i>Fig. D4</i>)
	■ check that tank log is up-to-date	Daily (<i>Fig. D4</i>)
	■ check piping and hoses for leaks and deterioration	Daily (<i>Fig. D4</i>)
	■ check tank exterior for cracks, leaks, discoloration or deformation	Daily (<i>Fig. D4</i>)
	■ check for proper labels	Daily (<i>Fig. D4</i>)
<i>Tank Containment</i>	■ check for damage to tanks and piping	Daily (<i>Fig. D4</i>)
	■ check for evidence of spills	Daily (<i>Fig. D4</i>)
	■ check for evidence of leaks	Daily (<i>Fig. D4</i>)
	■ check for removal of spill absorbent	Daily (<i>Fig. D4</i>)
	■ check that spill kit is adequately stocked	Daily (<i>Fig. D4</i>)
	■ check for evidence of corrosion of tanks	Daily (<i>Fig. D4</i>)
	■ check for evidence of accumulation of liquid	Daily (<i>Fig. D4</i>)
	■ check floor and curb for cracks or deterioration	Daily (<i>Fig. D4</i>)
	■ check physical integrity of sump and floor coating	Daily (<i>Fig. D4</i>)
	■ check contingency/emergency equipment	Daily (<i>Fig. D4</i>)
	■ check containers for damage, labeling, and compatibility.	Daily (<i>Fig. D4</i>)
	■ check housekeeping of area	Daily (<i>Fig. D4</i>)
	■ check for improperly stored equipment	Daily (<i>Fig. D4</i>)
	■ check that fill hoses are inside containment	Daily (<i>Fig. D4</i>)

APPENDIX A – INSPECTION REPORT FORMS

Chemical Waste Management of the Northwest, Inc.

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Daily Inspection Report

Date of Inspection: ____ / ____ / ____

Equipment/Process Unit Name: GENERAL SITE / RAINFALL AND SPILL AREAS

INSPECTION ELEMENT:

- A. RAIN GAUGE - Record the rainfall for the previous day
- B. POTENTIAL SPILL AREAS - Check the following for spills and the removal of spill clean-up materials and any additional items noted below:

Transportation Area	Surface Impoundments/freeboard
Truck Scale	Laboratory (Container Storage Areas)
Truck Sampling Area Check that trucks are sampled in the proper area	Containment Buildings
Roads – Check for drive ability	Fuel Bay Area
Truck Wash	
Container Storage (Indoors and Outdoors for both RCRA and TSCA storage units)	Waste Pile WP-1 Check for presence of liquids in sumps

The General Site / Rainfall and Potential Spill Area items listed have been inspected for each of the items noted above. The results are summarized below.

Time of Inspection	Equipment/Unit Item	Additional Inspection Notes	Status		If Unacceptable Specify Reasons
			Acceptable	Unacceptable	
	A. Previous Day Rainfall	_____ inch			
	B. Potential Spill Areas				
	Truck Scale				
	Truck Sampling Area				
	Roads				
	Truck Wash				
	Container Storage (Outdoors)				
	Container Storage (Indoors)				
	Surface Impoundments				
	Laboratory				
	Containment Buildings				
	Transportation Area				
	Fuel Bay Area				
	Waste Pile WP-1				

Note: In the event of one inch of rainfall in 24 hours, forms A-4, A-8, A-12, A-13, A-14, A-24 and A-26 must be completed.

Emergency Coordinator Contacted: Yes / No Inspector's Signature: _____

Environmental Manager's Initials (Verifying Review): _____ Inspector's Name: _____

Inspector's Title: _____

Daily Inspection Report

Date of Inspection: ____/____/____

Equipment/Process Unit Name: ACTIVE LANDFILLS / LEACHATE COLLECTION (LR) AND LEACHATE DETECTION(LD)

INSPECTION ELEMENT:

- A. LANDFILL 14 - Check the leachate collection (LR and LT) systems and record liquid levels (not to exceed 1 foot on liner)
Check the leachate detection (LD) system and record liquid level (all pumpable quantities to be removed)
Check the riser cover and lock
- B. LANDFILL 13 - Check the leachate collection (LR) system and record liquid level (not to exceed 1 foot on liner)
Check the leachate detection (LD) system and record liquid level (all pumpable quantities to be removed)
Check the riser cover and lock
- C. LANDFILL 12 - Check the leachate collection (LR) system and record liquid level (not to exceed 1 foot on liner)
Check the leachate detection (LD) system and record liquid level (all pumpable quantities to be removed)
Check the riser cover and lock

The Active Landfill items listed below have been inspected for each of the checklist items noted above.

Time of Inspection			Equipment/Unit Item			Additional Inspection Notes			Status			If Unacceptable Specify Reasons		
14-1	14-2	14-3	A. LANDFILL L- 14			14-1	14-2	14-3	Acceptable	Unacceptable		14-1	14-2	14-3
			LT-1	LT-2	LT-3	___ "	___ "	___ "						
			LD-1	LD-2	LD-3	___ "	___ "	___ "						
			LR-1	LR-2	LR-3	___ "	___ "	___ "						
			B. LANDFILL L- 13											
			1. LD-13-1a			_____ inches			1.					
			2. LD-13-2a			_____ inches			2.					
			3. LD-13-3a			_____ inches			3.					
			4. LD-13-4a			_____ inches			4.					
			5. LD-13-5a			_____ inches			5.					
			6. LD-13-6a			_____ inches			6.					
			7. LR-13-1			_____ inches			7.					
			8. LR-13-2			_____ inches			8.					
			9. LR-13-3			_____ inches			9.					
			10. LR-13-4			_____ inches			10.					
			11. LR-13-5			_____ inches			11.					
			12. LR-13-6			_____ inches			12.					
			C. LANDFILL L-12											
			1. L-12-LD-N			_____ inches			1.					
			2. L-12-LD-S			_____ inches			2.					
			3. L-12-LR-N			_____ inches			3.					
			4. L-12-LR-S			_____ inches			4.					

Note: In the event of one inch of rainfall in 24 hours the Landfill Leachate Collection and Detection Systems must be inspected

Emergency Coordinator Contacted: Yes / No Inspector's Signature: _____

Environmental Mgr. Initials (Verifying Review): _____ Inspector's Name: _____

Inspector's Title: _____

Chemical Waste Management of the Northwest, Inc.

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Daily Inspection Report

Date of Inspection: ____ / ____ / ____

Equipment/Process Unit Name: ACTIVE LANDFILLS / LEACHATE DUST SUPPRESSION USE

INSPECTION ELEMENT:

- A. LANDFILL L-14 – Check the leachate dust suppression system. Check for evidence of ponding or runoff.
Check that leachate are applied within the landfill foot print
- B. LANDFILL L-13 – Check the leachate dust suppression system. Check for evidence of ponding or runoff.
Check that leachate are applied within the landfill foot print
- C. LANDFILL L-12 – Check the leachate dust suppression system. Check for evidence of ponding or runoff.
Check that leachate are applied within the landfill foot print

The Active Landfill items listed below have been inspected for each of the checklist items noted above.

Time of Inspection	Equipment/Unit Item	Additional Inspection Notes	Status		If Unacceptable Specify Reasons
			Acceptable	Unacceptable	
	A. LANDFILL L- 14				
	1. System Condition		1.		
	2. Ponding		2.		
	3. Runoff		3.		
	4. Within Lined Area		4.		
	B. LANDFILL L- 13				
	1. System Condition		1.		
	2. Ponding		2.		
	3. Runoff		3.		
	4. Within Lined Area		4.		
	C. LANDFILL L- 12				
	1. System Condition		1.		
	2. Ponding		2.		
	3. Runoff		3.		
	4. Within Lined Area		4.		

Emergency Coordinator Contacted: Yes / No

Inspector's Signature: _____

Environmental Manager's Initials (Verifying Review): ____ Inspector's Name: _____

Inspector's Name/Title: _____

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X **Daily Inspection Report**

Date of Inspection: ____/____/____

Equipment/Process Unit Name: **TANKS / STABILIZATION UNITS**

INSPECTION ELEMENT:

- A. **TREATMENT TANKS** - Check for damage to visible portions of tanks
 Check for evidence of spills and leaks
 Check for sufficient freeboard in tanks
 Check for evidence of corrosion of tanks

- B. **CONTAINMENT SUMPS** - Check physical integrity of standpipes
 Check for evidence of accumulation of liquid in primary sumps

The Tanks / Stabilization Unit items listed below have been inspected for each of the checklist items noted above.

Time of Inspection	Equipment/Unit Item	Additional Inspection Notes	Status		If Unacceptable Specify Reasons
			Acceptable	Unacceptable	
	A. Treatment Tanks				
	Tank 1-a				
	Tank 1-b				
	Tank 2-a				
	Tank 2-b				
	Tank 3-a				
	Tank 3-b				
	Tank 4-a				
	Tank 4-b				
	Tank 5-a				
	Tank 5-b				
	Tank 6-a				
	Tank 6-b				
	B. Containment Sumps				
	Sump 1- Primary (a)	_____ inches			
	Sump 1- Primary (b)	_____ inches			
	Sump 2- Primary (a)	_____ inches			
	Sump 2- Primary (b)	_____ inches			
	Sump 3- Primary (a)	_____ inches			
	Sump 3- Primary (b)	_____ inches			
	Sump 4- Primary (a)	_____ inches			
	Sump 4- Primary (b)	_____ inches			
	Sump 5- Primary (a)	_____ inches			
	Sump 5- Primary (b)	_____ inches			
	Sump 6- Primary (a)	_____ inches			
	Sump 6- Primary (b)	_____ inches			

Emergency Coordinator Contacted: Yes / No Inspector's Signature _____

Environmental Manager's Initials (Verifying Review): _____ Inspector's Name / Title: _____

Figure A-4

Chemical Waste Management of the Northwest, Inc.		Page 1 of 1			
<u>Daily Inspection Report</u>					
Date of Inspection: ____/____/____					
Equipment/Process Unit Name: <u>BULK STORAGE TANK / BUILDINGS</u>					
INSPECTION ELEMENT:					
<p>A. <u>TANKS, TRUCK WASH (T-TW)</u> - Check housekeeping of the area Check if high level alarm activates Check for evidence of spills Check for removal of spill absorbent and cleanup materials Check for cracks and gaps in curbing and walls of above-ground portions of tank and flume Check for improperly stored equipment Check for seepage outside containment of tanks and flume Check building floor, curb, and flume for cracks or deterioration Check hoses for deterioration Check to verify liquid is below authorized freeboard (minimum 3 feet for primary tank and 2 feet for secondary tank)</p> <p>B <u>TANK, LAB (T-L)</u> - Check if alarm system activates Check for spills around the tank hatch and under lid Check that the “Non-Regulated” label and accumulation date are in place Check housekeeping Check that handles are not bent or damaged</p>					
The Bulk Storage Tank / Buildings items listed below have been inspected for each of the checklist items noted above.					
Time of Inspection	Equipment/Unit Item	Additional Inspection Notes	Status Acceptable Unacceptable		If Unacceptable Specify Reasons
	A. Truck Wash				
	T-TW-1				
	T-TW-2				
	B. Lab Tank				
	T-L-1				
<u>Note: In the event of one inch of rainfall in 24 hours the Truck Wash Tanks must be inspected.</u>					
Emergency Coordinator Contacted: Yes / No			Inspector’s Signature: _____		
Environmental Manager’s Initials (Verifying Review): _____			Inspector’s Name: _____		
			Inspector’s Title: _____		

Chemical Waste Management of the Northwest, Inc.

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Daily Inspection Report

Date of Inspection: ____/____/____

Equipment/Process Unit Name: WASTEWATER TREATMENT PLANT / TANKS AND CONTAINERS

INSPECTION ELEMENT:

A. TREATMENT UNIT& TANK SYSTEM –

- Check for spills around unloading areas, tanks and ports
- Check for structural integrity (Receiving tank, clarifier, surge tank, sludge tank, carbon filters, effluent tanks, piping, valves, flanges, reagent tanks, sand filters, carbon filters)
- Check for debris, clean-up residue, removal of spill absorbent and cleanup materials, improperly stored equipment
- Check housekeeping
- Check cracks in the tank coating and condition of secondary containment
- Check sump for the accumulation of liquid
- Check for corrosion of tanks
- Check for cracks and coating condition in 2ndry containment
- Check high level alarm operability, and overflow controls
- Check for proper labels
- Check use of tank logs
- Check piping and hoses for leaks and deterioration
- Check Pond B Pipe and secondary containment port. If > 1gallon, see Insp. Plan.
- Check tank exterior for cracks, leaks, discoloration, or deformation

B. CONTAINERS (Outside and Inside) -

- Check containers for leaks
- Check containers for deterioration
- Check aisle space (2.5 feet)
- Labeling (Hazardous waste and Accumulation start dates for 90 day containers)
- Check containers for incompatible storage
- Check that drums are not in standing water
- Check that drums are closed

C. CONTINGENCY - Check emergency spill kit (check seal)

The Wastewater Treatment Plant / Tanks and Container items listed below have been inspected for each of the checklist items noted above.

Time of Inspection	Equipment/Unit Item	Additional Inspection Notes	Status		If Unacceptable Specify Reasons
			Acceptable	Unacceptable	
	A. Treatment Unit				
	All Tanks				
	Containment				
	Piping system				
	B. Containers				
	Outside				
	Inside				
	C. Contingency				
	Spill Kit				

Note: Accumulated liquid in sump must be pumped within 24 hours of discovery.

Emergency Coordinator Contacted: Yes / No

Inspector's Signature: _____

Environmental Manager's Initials (Verifying Review): _____

Inspector's Name: _____

Inspector's Title: _____

Figure A-7a

Chemical Waste Management of the Northwest, Inc.

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Daily Inspection Report

Date of Inspection: ____/____/____

Equipment/Process Unit Name: ORGANIC RECOVERY UNIT TANKS, PIPING & CONTAINMENT

INSPECTION ELEMENT:

- A. **TANKS** - Check for spills and leaks around tanks, ports, and unloading areas
 Check tank exterior for cracks, leaks, discoloration, damage or deformation
 Check for proper labels
 Check high level alarm operability, and overflow controls
 Check use of tank logs
- B. **TANK CONTAINMENT** - Check condition of sump and coating of secondary containment
 Check for evidence of spills and leaks
 Check for removal of spill absorbent and cleanup materials
 Check that spill kit is adequately stocked
 Check housekeeping
 Check that there is no liquid in the sump
 Check container condition, labeling and compatibility
 Check fill hose condition
 Check that stored fill hoses are fully inside containment
- C. **PIPING** - Check piping, valves and hoses for leaks and deterioration
 Check for damage to pipes and ancillary equipment
- D. **CONTAINERS** - Check lids
 Check condition of containers
 Check label for accumulation date
 Check volumes in container

The Bulk Storage Tank items listed below have been inspected for each of the checklist items noted above.

Time of Inspection	Equipment/Unit Item	Additional Inspection Notes	Status		If Unacceptable Specify Reasons
			Acceptable	Unacceptable	
	A. Tanks				
	Desorber 1200-01				
	Quench 4200-01				
	Slinger 4210-01				
	Pack Bed Scrubber 4300-01				
	Sump 4230-01				
	Oil Water Separator 5200-01				
	Process Oil Tank 5210-01				
	Oil Storage Tank 5300-01				
	Oil Storage Tank 5300-02				

Daily Inspection Report

Date of Inspection: ____/____/____

Equipment/Process Unit Name: ORGANIC RECOVERY UNIT TANKS, PIPING & CONTAINMENT

	Oil Storage Tank 5300-03				
	Centrifuge 4900-01				
	Centrifuge Oil Tank				
	Water Tank 5100-01				
	Process Water Storage Tank 5100-02				
	Carbon Filter 5320-01				
	B. Containment				
	Spills/Leaks				
	Used Absorbent				
	Spill Kit				
	Sump & Floor				
	Containers				
	Fill Hoses				
	C. Piping				
	Leaks				
	Condition				
	D. Containers				
	Sludge Bin 4910-01				
	90 Day Containers				



Note: Accumulated liquid in sump must be pumped within 24 hours of discovery.

Emergency Coordinator Contacted: Yes / No

Inspector's Signature: _____

Environmental Manager's Initials (Verifying Review): _____

Inspector's Name: _____

Inspector's Title: _____

Chemical Waste Management of the Northwest, Inc.

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Weekly Inspection Report

Date of Inspection: ____ / ____ / ____

Equipment/Process Unit Name: GENERAL SITE / SECURITY

INSPECTION ELEMENT:

A. FENCE - Inspect entire perimeter for breaks, damage

B. GATES - Check each gate for damage
Check that all gates are closed and locked after hours

The Communication System items listed below have been inspected for each of the check list items noted above. The results are summarized below.

Time of Inspection	Equipment/Unit Item	Additional Inspection Notes	Status		If Unacceptable Specify Reasons
			Acceptable	Unacceptable	
	A. Fences				
	B. Gates				
	#1				
	#3				
	#5				
	#6				
	#7				
	#8				
	#9				
	#10				
	#11				
	#12				
	#13				
	#14				
	#15				
	#16				
	#17				
	#18				
	#19				
	#20				
	#21				
	#22				
	#23				
	#24				
	#25				
	#26				
	#27				
	#28				
	#29				

Emergency Coordinator Contacted: Yes / No

Inspector's Signature: _____

Environmental Manager's Initials (Verifying Review): _____

Inspector's Name / Title: _____

Figure A-9

Chemical Waste Management of the Northwest, Inc.

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Weekly Inspection Report

Date of Inspection: ____/____/____

Equipment/Process Unit Name: LABORATORY / LABORATORY WASTES

INSPECTION ELEMENT:

A LABORATORY WASTES - Check that sampling wastes are stored in properly marked and dated containers
 Check for drum deterioration, leaks or swelling
 Check that drums are not open
 Check for incompatible storage
 Check that storage time limitations have not been exceeded

The Laboratory / Laboratory Wastes & Sample items listed below have been inspected for each of the checklist items noted above.

Time of Inspection	Equipment/Unit Item	Additional Inspection Notes	Status		If Unacceptable Specify Reasons
			Acceptable	Unacceptable	
	A. Laboratory Wastes				
	Metals Instrumentation Room				
	TCLP Room				
	Fingerprint Area				
	PCB Prep Area				
	Storage Area				
	PCB Storage Area				
	Chemical Hoods				
	Out-doors				
	Lab addition				

Emergency Coordinator Contacted: Yes / No

Inspector's Signature: _____

Environmental Manager's Initials (Verifying Review): _____

Inspector's Name: _____

Inspector's Title: _____

Weekly Inspection Report

Date of Inspection: ____/____/____

Equipment/Process Unit Name: CONTAINER STORAGE AREAS AND BUILDINGS

INSPECTION ELEMENT:

A. STORAGE BUILDING (IN-DOORS) -
 Check for leaks in roof/walls
 Check for structural integrity
 Check sumps for liquids
 Check gratings for deterioration
 Check floor, sumps and curbing for deterioration and cracks
 Check for the removal of spill clean-up materials

B. STORAGE AREA (OUT-OF-DOORS) -
 Verify storage is within proper area
 Check sumps for liquids
 Check for deterioration of containment structures
 Check for the removal of spill clean-up materials

C. CONTAINERS -
 Check for closed drums
 Check for leaks
 Check for deterioration of containers
 Check aisle space (2.5 ft.)
 Check for proper placement and marking
 Check for incompatible storage
 Check that drums are not placed in standing water

D. SUBPART CC - Check for the presence of biotreatment containers in, S-5, S-6, and S-10; verify that Subpart CC controls are in place for any biotreatment containers found operating in these storage areas

The Container Storage Area items listed below have been inspected for each of the checklist items noted above.

Time of Inspection	Equipment/Unit Item	Additional Inspection Notes	Status		If Unacceptable Specify Reasons
			Acceptable	Unacceptable	
	A. Storage Buildings				
	S-11A				
	S-2				
	B. Storage Areas				
	S-4				
	S-5				
	S-6				
	S-10				
	C. Containers				
	S-4				
	S-5				
	S-6				
	S-10				
	S-11A				
	S-2				
	D. Subpart CC				
	Bio-treatment Containers	Present and in Operation?		Subpart CC Controls Present?	
		Yes	No	Yes	No

Note: Accumulated liquid in sump must be pumped within 24 hours of discovery.

Emergency Coordinator Contacted: Yes / No Inspector's Signature: _____

Environmental Manager's Initials (Verifying Review): _____ Inspector's Name / Title: _____

Chemical Waste Management of the Northwest, Inc.

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Weekly Inspection Report

Date of Inspection: ____/____/____

Equipment/Process Unit Name: PCB AREA

INSPECTION ELEMENT:

- A. DRIP PANS - Check that pans are stored properly
Check for any spilled liquids in pans
- B. VEHICLES - Check mobile equipment for visual contamination
Check that no unauthorized vehicles are in the area
- C. FLOOR - Check to ensure area is sufficiently smooth for safe movement of materials
Check housekeeping for trash
- D. SECONDARY CONTAINMENT - Check berms around the area for structural integrity
Check floor and curbing for deterioration

The PCB Area items listed below have been inspected for each of the checklist items noted above.

Time of Inspection	Equipment/Unit Item	Additional Inspection Notes	Status		If Unacceptable Specify Reasons
			Acceptable	Unacceptable	
	A. Drip Pans				
	Storage				
	B. Vehicles				
	PCB Area				
	C. Floor				
	PCB Area				
	D. Secondary Containment				
	Berms				
	Storage Containment				

Emergency Coordinator Contacted: Yes / No

Inspector's Signature: _____

Environmental Manager's Initials (Verifying Review): _____

Inspector's Name: _____

Inspector's Title: _____

Figure A-12 ‡Rev. 3

Chemical Waste Management of the Northwest, Inc.

Weekly Inspection Report

Date of Inspection: ____ / ____ / ____

Equipment/Process Unit Name: WASTE IMPOUNDMENTS

INSPECTION ELEMENT:

- A. FREEBOARD - Check for damage to the level indicator marks on the impoundment
Check for liquid level at or below approved limit (minimum 1.4 feet freeboard)
- B. LINER FAILURE - Check for sudden drop in liquid level (From prior week)
- C. RUN-ON DIVERSION - Check berms and ditches for erosion, siltation, or debris.
- D. UNLOADING AREA - Check housekeeping
- E. TRUCK WASHOUT EQUIPMENT - Check for deterioration of hoses
Check washout areas
Check transfer piping for leaks or damage
- F. LYSIMETERS / LEAK DETECTION SYSTEM - Check condition of riser and closure cap
- G. LINER LEAKAGE - Check for presence of liquid in sump (Record quantity removed)

The Waste Impoundment items listed below have been inspected for each of the checklist items noted above.

Time of Inspection	Equipment/Unit Item	Additional Inspection Notes	Status		If Unacceptable Specify Reasons
			Acceptable	Unacceptable	
	A. Freeboard				
	Impoundment A	Estimated Freeboard _____			
	Impoundment B	Estimated Freeboard _____			
	B. Liner Failure				
	Impoundment A				
	Impoundment B				
	C. Run-on Diversion				
	Impoundment A				
	Impoundment B				
	D. Unloading Area				
	Impoundment A				
	Impoundment B				
	E. Truck Washout Equipment				
	Impoundment A				
	Impoundment B				
	F. Lysimeters/ Leak Detection System				
	Impoundment A				
	Impoundment B				
	G. Liner Leakage				
	Impoundment A - LR	Pumped _____ Sec. Gallons Removed _____			
	Impoundment A - LD	Pumped _____ Sec. Gallons Removed _____			
	Impoundment B LR1	Pumped _____ Sec. Gallons Removed _____			
	Impoundment B-LR2	Pumped _____ Sec. Gallons Removed _____			
	Impoundment B - LD	Pumped _____ Sec. Gallons Removed _____			

Note: In the event of one inch of rainfall in 24 hours the run-on diversion structures must be inspected.

Emergency Coordinator Contacted: Yes / No Inspector's Signature: _____

Environmental Manager's Initials (Verifying Review): _____ Inspector's Name / Title: _____

Figure A-13

Chemical Waste Management of the Northwest, Inc.

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Weekly Inspection Report

Date of Inspection: ____ / ____ / ____

Equipment/Process Unit Name: ACTIVE LANDFILLS / WIND CONTROL AND RUN-ON/RUN-OFF CONTROLS

INSPECTION ELEMENT:

A. WIND DISPERSAL CONTROL - Check for fugitive dust suppression on roads
 Check for evidence of wind dispersal of waste

B. RUN-ON DIVERSION - Check berms and ditches for erosion, siltation, of debris

C. RUN-OFF CONTROL SYSTEM - Check for erosion of deterioration of dikes, including seepage
 Check for removal of rainfall accumulation at berms

The Active Landfill items listed below have been inspected for each of the checklist items noted above.

Time of Inspection	Equipment/Unit Item	Additional Inspection Notes	Status		If Unacceptable Specify Reasons
			Acceptable	Unacceptable	
	A. Wind Dispersal Control				
	Landfill L-12				
	Landfill L-13				
	Landfill L-14				
	B. Run-on Diversion				
	Landfill L-12				
	Landfill L-13				
	Landfill L-14				
	C. Run-off Control				
	Landfill L-12				
	Landfill L-13				
	Landfill L-14				

Note: In the event of one inch of rainfall in 24 hours the Run-on Diversion structures must be inspected.

Emergency Coordinator Contacted: Yes / No

Inspector's Signature: _____

Environmental Manager's Initials (Verifying Review): _____

Inspector's Name: _____

Inspector's Title: _____

Chemical Waste Management of the Northwest, Inc.

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Monthly Inspection Report

Date of Inspection: ____ / ____ / ____

Equipment/Process Unit Name: CLOSED LANDFILLS / RUN-ON/RUN-OFF CONTROLS, LANDFILL CAP, AND LEACHATE DETECTION AND RECOVERY SYSTEMS

INSPECTION ELEMENT:

A. RUN-ON / RUN-OFF CONTROL - Check for erosion, siltation, and debris
Check for standing water

B. LANDFILL CAP - Check for erosion, siltation, and debris
Check for non-uniform subsidence, settling, cracking or fracture
Check for evidence of large, burrowing animals
Check for lack of vegetation and/or maintenance of ground cover
Check for placement and condition of landfill markers

C. LEACHATE COLLECTION AND MONITORING SYSTEM - Check condition of riser cover and locks
Check for presence and level of liquid in sumps

The Closed Landfill items listed below have been inspected for each of the checklist items noted above.

Time of Inspection	Equipment/Structure Item	Additional Inspection Notes	Status		If Unacceptable Specify Reasons
			Acceptable	Unacceptable	
	A. Run-on/Run-off				
	Landfill 1, 3, 5, & 6				
	Landfill 7				
	Landfill 8				
	Landfill 9				
	Landfill 10				
	B. Landfill Cap				
	Landfill 1, 3, 5, & 6				
	Landfill 7				
	Landfill 8				
	Landfill 9				
	Landfill 10				
	C. Leachate Collection & Monitoring				
	Landfill 5 - 2P	_____ Volume			

Note: In the event of one inch of rainfall in 24 hours the Run-on/Run-off Controls must be inspected

Emergency Coordinator Contacted: Yes / No Inspector's Signature: _____

Environmental Manager's Initials (Verifying Review): _____ Inspector's Name: _____

Inspector's Title: _____

Figure A-15

Chemical Waste Management of the Northwest, Inc.

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Monthly Inspection Report

Date of Inspection: ____/____/____

Equipment/Process Unit Name: COMMUNICATION SYSTEM (RADIOS AND INTERNAL PAGING SYSTEM)

INSPECTION ELEMENT:

A. RADIOS - Check all radios for operation and accessibility

B. INTERNAL PAGING SYSTEM - Check for operation

The Communication System items listed below have been inspected for each of the check list items noted above. The results are summarized below.

Time of Inspection	Equipment/Structure Item	Additional Inspection Notes	Status		If Unacceptable Specify Reasons
			Acceptable	Unacceptable	
	A. Radios				
1.	Lower Office	1.			
2.	Upper Office	2.			
3.	Shop	3.			
4.	Lab	4.			
5.	Drivers Lounge	5.			
6.	Operations Office	6.			
7.	WWTP	7.			
8.	WWTP (Bulk Liquid Storage)	8.			
9.	Storage Building S-2	9.			
10.	Heavy Equipment	10.			
11.	Site Vehicles	11.			
	B. Internal Paging Devices				
12.	All-Site	12.			

Emergency Coordinator Contacted: Yes / No

Inspector's Signature: _____

Environmental Manager's Initials (Verifying Review): _____

Inspector's Name: _____

Inspector's Title: _____

Figure A-16

Chemical Waste Management of the Northwest, Inc.

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Monthly Inspection Report

Date of Inspection: ____/____/____

Equipment/Process Unit Name: EMERGENCY EQUIPMENT / FIRE BLANKETS

INSPECTION ELEMENT:

- A . FIRE BLANKETS - Check for accessibility
- Check for deterioration
- Check for adequate supply

The Emergency Equipment / Fire Blankets items listed below have been inspected for each of the checklist items noted above.

Time of Inspection	Equipment/Unit Item	Additional Inspection Notes	Status		If Unacceptable Specify Reasons
			Acceptable	Unacceptable	
	A. Fire Blanket Locations				
	S-2 Storage Building				
	Shop				
	Fuel Pumps				
	B-9 Containment Building				
	Shop				
	Fire Truck				
	Laboratory				

Emergency Coordinator Contacted: Yes / No

Inspector's Signature: _____

Environmental Manager's Initials (Verifying Review): _____

Inspector's Name: _____

Inspector's Title: _____

Figure A-17

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Monthly Inspection Report

Date of Inspection: ____ / ____ / ____

Equipment/Process Unit Name: EMERGENCY EQUIPMENT / FIRE EXTINGUISHERS

INSPECTION ELEMENT:

- A. FIRE EXTINGUISHERS - Check to ensure access is not blocked
 Check seal to ensure extinguisher has not been used
 Check inspection tag to ensure annual maintenance by outside fire service is current
 Check for adequate supply of fire fighting foam
 Check for unit damage
 Check pressure gauge for “full” charge

The Emergency Equipment/ Fire Extinguisher items listed below have been inspected for each of the check list items noted above. The results are summarized below.

Time of Inspection	Equipment/Structure Item	Additional Inspection Notes	Status		If Unacceptable Specify Reasons
			Acceptable	Unacceptable	
	A. Fire Extinguishers				
1.	Lower Office	1.			
2.	Upper Office	2.			
3.	Lunchroom	3.			
4.	Shop	4.			
5.	Safety Supply Room	5.			
6.	Laboratory	6.			
7.	Drivers Lounge	7.			
8.	Pump House	8.			
9.	S-2 Storage Building	9.			
10.	B-9 Containment Building	10.			
11.	S-11A Storage Building	11.			
12.	Truck Wash	12.			
13.	Records Room	13.			
14.	Shop Mezzanine	14.			
15.	Storage Shed	15.			

Chemical Waste Management of the Northwest, Inc.

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Monthly Inspection Report

Date of Inspection: ____/____/____

Equipment/Process Unit Name: EMERGENCY EQUIPMENT / FIRE EXTINGUISHERS

INSPECTION ELEMENT:

- A. FIRE EXTINGUISHERS** - Check to ensure access is not blocked
 Check seal to ensure extinguisher has not been used
 Check inspection tag to ensure annual maintenance by outside fire service is current
 Check for adequate supply of fire fighting foam
 Check for unit damage
 Check pressure gauge for “full” charge

The Emergency Equipment/ Fire Extinguisher items listed below have been inspected for each of the check list items noted above. The results are summarized below.

Time of Inspection	Equipment/Structure Item	Additional Inspection Notes	Status		If Unacceptable Specify Reasons
			Acceptable	Unacceptable	
	A. Fire Extinguishers				
16.	Compressor Room	16.			
17.	Sampling Area	17.			
18.	WWTP	18.			
19.	(removed Rev 4)				
20.	Fuel Pumps	20.			
21.	All Heavy Equipment	21.			
27.	All Site Vehicles	27.			
28.	Portable Welder	28.			
29.	Light Plant	29.			
30.	Portable Air Compressor	30.			

Emergency Coordinator Contacted: Yes / No

Inspector's Signature: _____

Environmental Manager's Initials (Verifying Review): _____

Inspector's Name: _____

Inspector's Title: _____

Figure A-18

Chemical Waste Management of the Northwest, Inc.

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Monthly Inspection Report

Date of Inspection: ____ / ____ / ____

Equipment/Process Unit Name: EMERGENCY EQUIPMENT / FIRST AID KITS

INSPECTION ELEMENT:

A. FIRST AID KITS - Check accessibility
Check for adequate supply

The Emergency Equipment / First Aid Kit items listed below have been inspected for each of the check list items noted above. The results are summarized below.

Time of Inspection	Equipment/Structure Item	Additional Inspection Notes	Status		If Unacceptable Specify Reasons
			Acceptable	Unacceptable	
	A. First Aid Kits				
1.	Lower Office	1.			
2.	Upper Office	2.			
3.	Lunchroom	3.			
4.	Shop	4.			
5.	Safety Supply Room	5.			
6.	Laboratory	6.			
7.	Drivers Lounge	7.			
8.	Pump House	8.			
9.	S-2 Storage Building	9.			
10.	B-9 Containment Building	10.			
11.	S-11A Storage Building	11.			
12.	S-11B Storage Building	12.			
13.	Truck Wash	13.			
14.	Records Room	14.			
15.	Locker Room	15.			
16.	WWTP	16.			
17.	(removed Rev 4)				
18.	All Heavy Equipment	18.			
19.	All Site Vehicles	19.			

Emergency Coordinator Contacted: Yes / No

Inspector's Signature: _____

Environmental Manager's Initials (Verifying Review): _____

Inspector's Name: _____

Inspector's Title: _____

Figure A-19

Chemical Waste Management of the Northwest, Inc.

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Monthly Inspection Report

Date of Inspection: _____ / _____ / _____

Equipment/Process Unit Name: EMERGENCY EQUIPMENT / BREATHING APPARATUS

INSPECTION ELEMENT:

- A. BREATHING APPARATUS** - Check accessibility of supplied air breathing apparatus and escape packs
 Check accessibility of escape pack (Equipment with escape packs are identified with asterisk (*))
 Check for full charge of air bottle (escape packs only)
 Check for adequate supply (over 500 psi)
 Check for deterioration or damage to all units
 Check for function of all units on equipment and trailers

The Emergency Equipment / Breathing Apparatus items listed below have been inspected for each of the checklist items noted above.

Time of Inspection	Equipment/Unit Item	Additional Inspection Notes	Status		If Unacceptable Specify Reasons
			Acceptable	Unacceptable	
	A. Breathing Apparatus				
	* D8L Dozer				
	* 225 Backhoe				
	* 225 Backhoe				
	* 980C Loader				
	950B Loader				
	Scott Air Packs (1, 2, 3, & 4)				
	Scott Air Packs (5, 6, 7, & 8)				
	* 140G Grader				
	* 627B Scraper				
	Portable Air Unit				
	* 627E Scraper				
	* 826C Compactor				
	Service Van Truck				
	* D-7H Dozer				
	* EL200B Excavator				
	* 613 Water Wagon				
	* Terex Loader				

Emergency Coordinator Contacted: Yes / No

Inspector's Signature: _____

Environmental Manager's Initials (Verifying Review): _____

Inspector's Name: _____

Inspector's Title: _____

Figure A-20

Chemical Waste Management of the Northwest, Inc.

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Monthly Inspection Report

Date of Inspection: ____ / ____ / ____

Equipment/Process Unit Name: EMERGENCY EQUIPMENT / SAFETY STORAGE AREA

INSPECTION ELEMENT:

A SAFETY STORAGE AREA - Check for accessibility
 Check for adequate supply of each safety item

The Emergency Equipment / Safety Storage items listed below have been inspected for each of the checklist items noted above.

Time of Inspection	Equipment/Unit Item	Additional Inspection Notes	Status		If Unacceptable Specify Reasons
			Acceptable	Unacceptable	
	A. Safety Storage Area				
	Scott Air Pack				
	Extra Air Pack Cylinder				
	Chemical Resistant Rubber Gloves				
	Chemical Resistant Disposable Clothing				
	Large First Aid Kit for Trauma				
	Stretchers				
	Portable Oxygen Tank				
	Traction Splint				
	Air Splint				
	Resuci Folding Bag				
	Blankets				

Emergency Coordinator Contacted: Yes / No

Inspector's Signature: _____

Environmental Manager's Initials (Verifying Review): _____

Inspector's Name: _____

Inspector's Title: _____

Figure A-21

Chemical Waste Management of the Northwest, Inc.

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Monthly Inspection Report

Date of Inspection: ____/____/____

Equipment/Process Unit Name: EMERGENCY EQUIPMENT / SPILL RESPONSE & ALARM SYSTEM

INSPECTION ELEMENT: _

A. SPILL RESPONSE EQUIPMENT - FIRE WATER LINE (Pump House Pressure Gauge) - Check for adequate pressure (60 psi)
 ABSORBENT SUPPLY - Check for adequate supply (1 ton)
 RECOVERY DRUMS - Check for adequate supply (10 / 85 gallon overpacks)

B. ALARM SYSTEM - SIREN (On Top of the Water Tower) - Check accessibility of activation switch (Activate audible alarm)
 FLASHING LIGHT - Check flashing light operability

The Emergency Equipment / Spill Response and Alarm System items listed below have been inspected for each of the checklist items noted above.

Time of Inspection	Equipment/Unit Item	Additional Inspection Notes	Status		If Unacceptable Specify Reasons
			Acceptable	Unacceptable	
	A. Spill Response				
	Fire Water Line				
	Absorbent Supply				
	Recovery Drums				
	B. Alarm System				
	Siren				
	Flashing Light				

Emergency Coordinator Contacted: Yes / No

Inspector's Signature: _____

Environmental Manager's Initials (Verifying Review): _____

Inspector's Name: _____

Inspector's Title: _____

Chemical Waste Management of the Northwest, Inc.

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X **Daily Inspection Report**

Date of Inspection: ____/____/____

Equipment/Process Unit Name: TANKS / STABILIZATION UNITS

INSPECTION ELEMENT:

A. TREATMENT TANKS - Check for damage to visible portions of tanks
 Check for evidence of spills and leaks
 Check for sufficient freeboard in tanks
 Check for evidence of corrosion of tanks

B. CONTAINMENT SUMPS - Check physical integrity of standpipes
 Check liquid levels in secondary sumps

The Tanks / Stabilization Unit items listed below have been inspected for each of the checklist items noted above.

Time of Inspection	Equipment/Unit Item	Additional Inspection Notes	Status		If Unacceptable Specify Reasons
			Acceptable	Unacceptable	
	A. Treatment Tanks				
	Tank 1-a				
	Tank 1-b				
	Tank 2-a				
	Tank 2-b				
	Tank 3-a				
	Tank 3-b				
	Tank 4-a				
	Tank 4-b				
	Tank 5-a				
	Tank 5-b				
	Tank 6-a				
	Tank 6-b				
	B. Containment Sumps				
	Sump 1- Secondary	_____			
	Sump 2- Secondary	_____			
	Sump 3- Secondary	_____			
	Sump 4- Secondary	_____			
	Sump 5- Secondary	_____			
	Sump 6- Secondary	_____			

Emergency Coordinator Contacted: Yes / No

Inspector's Signature _____

Environmental Manager's Initials (Verifying Review): _____

Inspector's Name / Title: _____

Figure A-22

Chemical Waste Management of the Northwest, Inc.

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Quarterly Inspection Report

Date of Inspection: ____/____/____

Equipment/Process Unit Name: EMERGENCY EQUIPMENT / SHOWERS AND EYEWASH STATIONS

INSPECTION ELEMENT:

- A. EMERGENCY SHOWERS AND EYEWASH STATIONS - Check that units activate and shut off properly
 Check accessibility
 Check for damage to units
 Check eyewash covercaps
 Check that eyewash activates and shuts off properly

The Emergency Equipment / Shower and Eyewash Station items listed below have been inspected for each of the checklist items noted above.

Time of Inspection	Equipment/Unit Item	Additional Inspection Notes	Status		If Unacceptable Specify Reasons
			Acceptable	Unacceptable	
	A. Shower and Eyewash				
	Near Landfill L-7				
	Maintenance Bldg. Shower				
	Laboratory				
	Near Impoundment A (North)				
	Near Impoundment A (South)				
	Near Impoundment B (North)				
	Near Impoundment B (South)				
	Truck Sampling Area				
	Stabilization Units				
	Near Containment Building Area B-9				

Rev 4 removed Old WWTP

Emergency Coordinator Contacted: Yes / No

Inspector's Signature: _____

Environmental Manager's Initials (Verifying Review): _____ Inspector's Name: _____

Inspector's Title: _____

Figure A-23

Chemical Waste Management of the Northwest, Inc.

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Semi-Annual Inspection Report

Date of Inspection: ____/____/____

Equipment/Process Unit Name: CLOSED LANDFILLS (Without Liquid) / LEACHATE DETECTION AND RECOVERY SYSTEM

INSPECTION ELEMENT:

A. LEACHATE COLLECTION AND MONITORING SYSTEM - Check condition of riser covers and locks
Check for presence and level of liquid in sumps

The Closed Landfill items listed below have been inspected for each of the checklist items noted above.

Time of Inspection	Equipment/Unit Item	Additional Inspection Notes	Status		If Unacceptable Specify Reasons
			Acceptable	Unacceptable	
	A. Leachate Collection & Monitoring				
	Landfill 5 – 1P	_____ Volume			
	Landfill 7 – 1	_____ Volume			
	Landfill 7 – 2	_____ Volume			
	Landfill 7 – 3P	_____ Volume			
	Landfill 9 – 3P	_____ Volume			

Note: In the event of one inch rainfall in 24 hours the Run-on/Run-off Controls Must be inspected.

Emergency Coordinator Contacted: Yes / No

Inspector's Signature: _____

Environmental Manager's Initials (Verifying Review): _____

Inspector's Name: _____

Inspector's Title: _____

Figure A-24

Chemical Waste Management of the Northwest, Inc.

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Annual Inspection Report

Date of Inspection: ____/____/____

Equipment/Process Unit Name: GENERAL SITE / SECURITY

INSPECTION ELEMENT:

A. WARNING SIGNS - Check to ensure signs are in place and legible

The General Site / Security items listed below have been inspected for each of the checklist items noted above.

Time of Inspection	Equipment/Unit Item	Additional Inspection Notes	Status		If Unacceptable Specify Reasons
			Acceptable	Unacceptable	
	A. Warning Signs				

Emergency Coordinator Contacted: Yes / No

Inspector's Signature: _____

Environmental Manager's Initials (Verifying Review): _____ Inspector's Name: _____

Inspector's Title: _____

Figure A-25

Chemical Waste Management of the Northwest, Inc.				Page 1 of 1		
<u>Weekly Inspection Report</u>						
Date of Inspection: ____/____/____						
Equipment/Process Unit Name: <u>CONTAINMENT BUILDINGS</u>						
INSPECTION ELEMENT:						
A. <u>VISIBLE BUILDING SURFACE</u> - Check for damage to the visible portion of the buildings Check for gaps, cracks, or other damage						
B. <u>WASTE LEVEL</u> - Check that the level of stored waste does not extend beyond the limits of the building						
C. <u>CONTAMINATION CONTROL</u> - Check exterior surfaces adjacent to equipment decontamination areas to ensure so that waste is not tracked out of the building. Check personnel decontamination rooms at Containment Buildings B-1 and B-5 for presence of waste						
D. <u>FUGITIVE EMISSION CONTROLS</u> - Check that no visible emissions are occurring from the building Check baghouses, stacks, and other air handling equipment for visible emissions						
E. <u>LINER INSPECTION</u> - Check sump for the presence of liquids						
F. <u>PREVENTIVE MAINTENANCE</u> - Confirm with appropriate personnel that preventive maintenance is being performed on the air handling equipment at the frequency recommended by manufacturer.						
The Containment Building items listed below have been inspected for each of the checklist items noted above.						
Time of Inspection	Equipment/Unit Item	Additional Inspection Notes		Status Acceptable Unacceptable		If Unacceptable Specify Reasons
	A. Bldg Structure					
	All Containment Bldgs					
	B. Waste Level					
	All Containment Bldgs					
	C. Contamination Control					
	All Containment Bldgs					
	D. Fugitive Controls					
	All Containment Bldgs					
	E. Liner Inspection					
	Containment Building B-1 Primary Sump					
	Containment Building B-2 Primary Sump					
	Containment Building B-2 Secondary Sump					
	Containment Building B-4 Primary Sump					
	Containment Building B-5 Primary Sump	<u>East</u>	<u>West</u>			
	Containment Building B-5 Secondary Sump	<u>East</u>	<u>West</u>			
	F. Preventative Maintenance					
	Air Handling Equipment			Yes	No	
Emergency Coordinator Contacted: Yes / No				Inspector's Signature _____		
Environmental Manager's Initials (Verifying Review): _____				Inspector's Name / Title: _____		

Figure A-26

Chemical Waste Management of the Northwest, Inc.

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Weekly Inspection Report

Date of Inspection: ____/____/____

Equipment/Process Unit Name: Waste Pile Impoundment

INSPECTION ELEMENT:

- A. **OPERATIONS AREA:** Verify all concrete is being processed and stored in the designated area.
Check Surface Area for desiccation cracks or surface anomalies
- B. **RUN-ON/RUN-OFF CONTROLS;** Check Control Berms for erosion, silting or standing water
- C. **SUMPS;** Check sumps for the accumulation of liquids.
Liquids accumulation must not exceed 12" over top of sumps (Head)

The Waste Pile Area items listed below have been inspected for each of the checklist items noted above.

Time of Inspection	Equipment/Unit Item	Additional Inspection Notes	Status		If Unacceptable Specify Reasons
			Acceptable	Unacceptable	
	A. Operations Area				
	Confined to Area				
	Desiccation Cracking				
	B. Run On/Run Off				
	Erosion/Silting				
	Standing Water				
	C. D. Sumps				
	Liquids present				
	Below 12" Head				

NOTES;

Emergency Coordinator Contacted: Yes / No Inspector's Signature: _____

Environmental Manager's Initials (Verifying Review): _____ Inspector's Name: _____

Inspector's Title: _____

Chemical Waste Management of the Northwest			Daily Inspection Report D-4		
Date _____					
Organic Recovery Unit, Tanks, Piping, Containment					
Check for Spills, Check Structural Integrity of Tanks and Equipment, Piping Valves and Hoses. Check for Accumulation of Liquids in Secondary Containment. Check condition of Secondary Containment. Check containers for Labels, Compatibility, Leaks and Closed Lids.					
Time	TREATMENT UNIT	Acceptable	Time	Unit	Acceptable
	TANKS	Unacceptable		Piping	
	ATDU D-1201	Y N		Leaks	Y N
	Sand Filter 1	Y N		Condition	Y N
	Sand Filter 2	Y N		Containment	
	Carbon Filter 1	Y N		Spills/ Leaks	Y N
	Carbon Filter 2	Y N		Containers	Y N
	Oil Water Separator F-1401	Y N		Fill Hoses	Y N
	Process water Tank F-1402	Y N		Containers	
	Carbon Filter vapor 1	Y N		Sludge Bin 4910-01	Y N
	Carbon Filter Vapor 2	Y N		90 day containers	Y N
	Mix Tank 1 F-1403	Y N	Notes		
	Mix Tank 2 F-1404	Y N			
	Product Tank 1 F- 1417	Y N			
	Product Tank 2 F- 1418	Y N			
	Product Tank 3 F-1419	Y N			
	Process Water 1 F-1405	Y N			

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Time	TREATMENT UNIT	Acceptable	Notes
	TANKS	Unacceptable	
	Process water 2 F-1406	Y N	
	Process water 3 F-1407	Y N	
	Process water 4 F-1408	Y N	
	Process water 5 F-1409	Y N	
	Process water 6 F-1410	Y N	
	Process water 7 F-1411	Y N	
	Process water 8 F-1412	Y N	
	Process water 9 F-1413	Y N	
	Process water 10 F-1414	Y N	
	Process water 11 F-1415	Y N	
	Process water 12 F-1416	Y N	
	Interceptor F-1301	Y N	
		Y N	EC Contacted Y N
		Y N	EPM Initials
		Y N	