

HAZARDOUS WASTE REGULATIONS COMPLIANCE CHECKLIST

Date _____

1. Name of Organization: 2/10

2. Location of Facility: 2/10-1775

Name of Officials Participating in Inspection: _____

Leg. Ruiz

3. Name and Description of Waste	Annual Volume Produced
6850-00-264-9038 (strainer)	200 gallons
Electrolyte (new) stored pooly	

4. Describe Present Methods of Storage and Disposal: _____

Drain
Solvent Vat down-

(Add additional sheets if needed)

5. Status of Compliance with Hazardous Waste Regulations.

A. Name of Officer in Charge: ^{address & phone #} _____

B. Answer Following "yes" or "no". If yes, attach "explanation".

(1) Is there any evidence indicating spillage, leakage or other discharges of waste into the environment? _____

(2) Does personnel have adequate equipment to handle wastes? _____

(3) Do all containers used to store wastes have a properly executed and dated hazardous waste label? _____

(4) Are there any containers of wastes having an "accumulation start date" over 60 calendar days old? _____ over 90 days old? _____

If yes to either, has a Form DD-1348-1 been submitted to DPDO? _____

6. General

A. List Base Orders and other procedures, training and instructions provided



10/10/10

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10/10/10

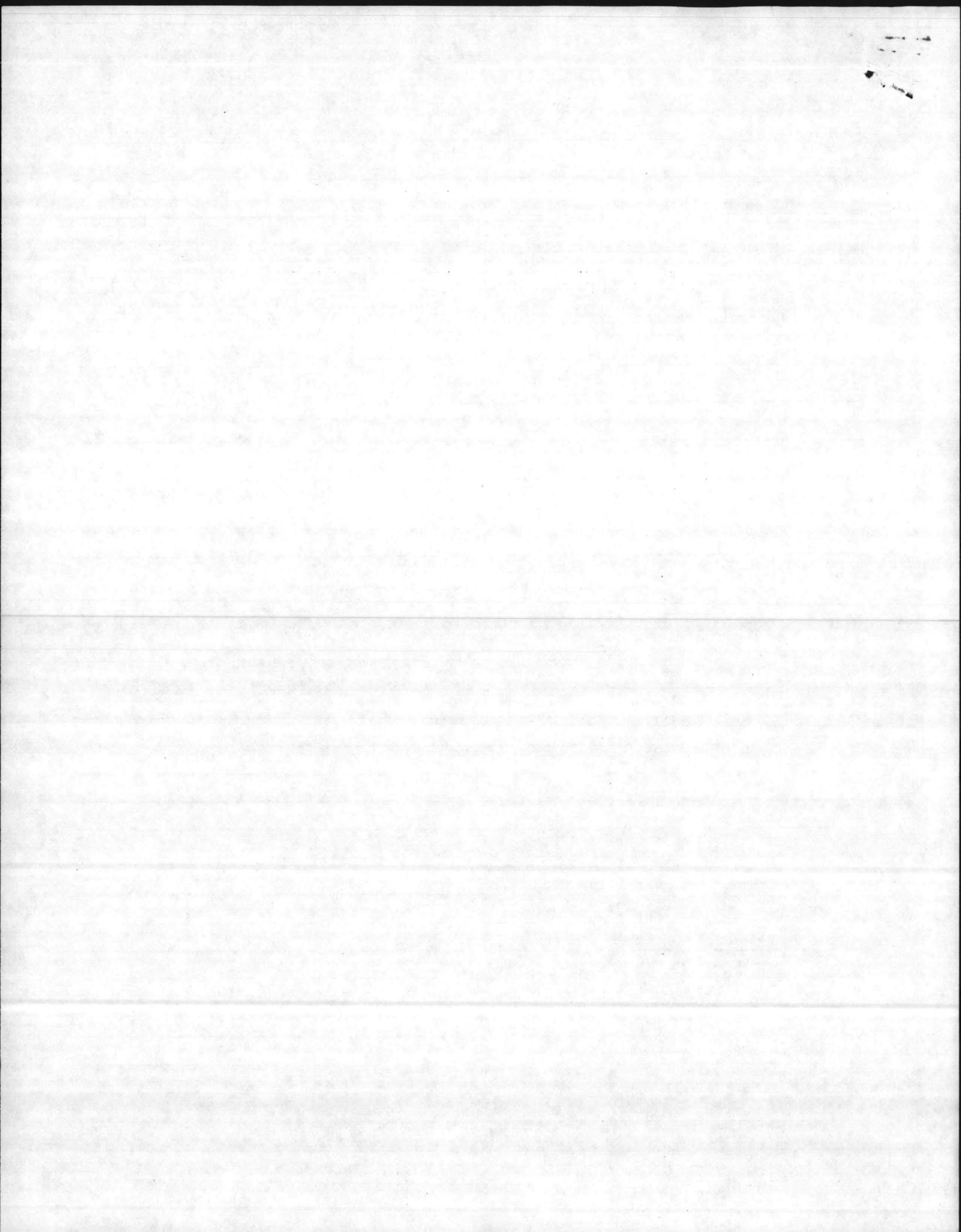
10/10/10

to personnel. _____

B. Describe adequacy and availability of spill cleanup supplies and equipment.

C. Describe discrepancies not addressed above which need to be addressed and list discrepancies identified on previous inspection^s which have not been corrected.

D. Recommended corrective action. _____



HAZARDOUS WASTE REGULATIONS COMPLIANCE CHECKLIST

Date _____

1. Name of Organization: 8th Motor T

2. Location of Facility: _____

Name of Officials Participating in Inspection: _____

3. Name and Description of Waste	Annual Volume Produced
Battery Acid	40 gallons
Solvent - 6850-00-285 8012	

4. Describe Present Methods of Storage and Disposal: _____

(Add additional sheets if needed)

5. Status of Compliance with Hazardous Waste Regulations.

A. Name ^{Address & Phone #} of Officer in Charge: _____

B. Answer Following "yes" or "no". If yes, attach "explanation".

(1) Is there any evidence indicating spillage, leakage or other discharges of waste into the environment? _____

(2) Does personnel have adequate equipment to handle wastes? _____

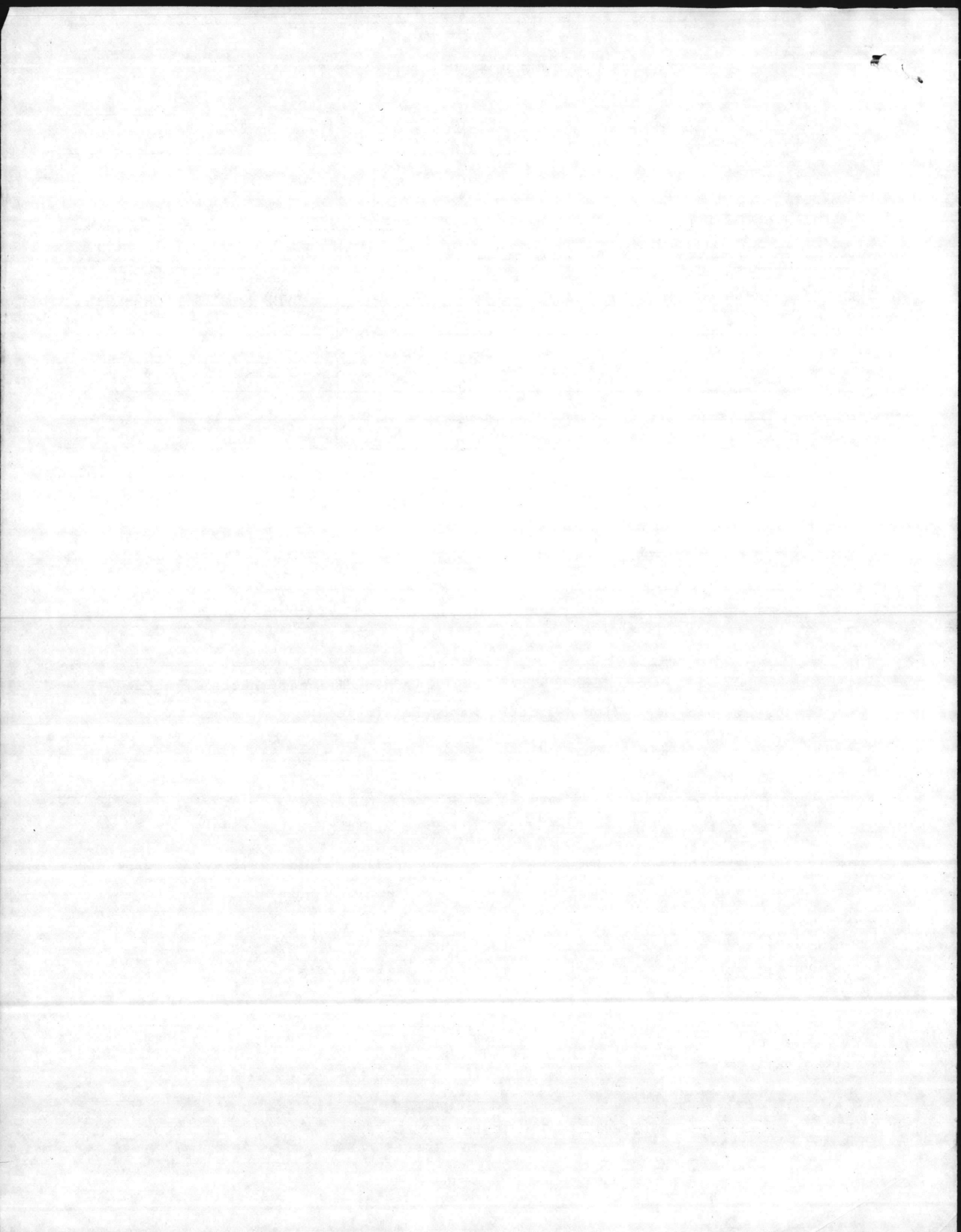
(3) Do all containers used to store wastes have a properly executed and dated hazardous waste label? _____

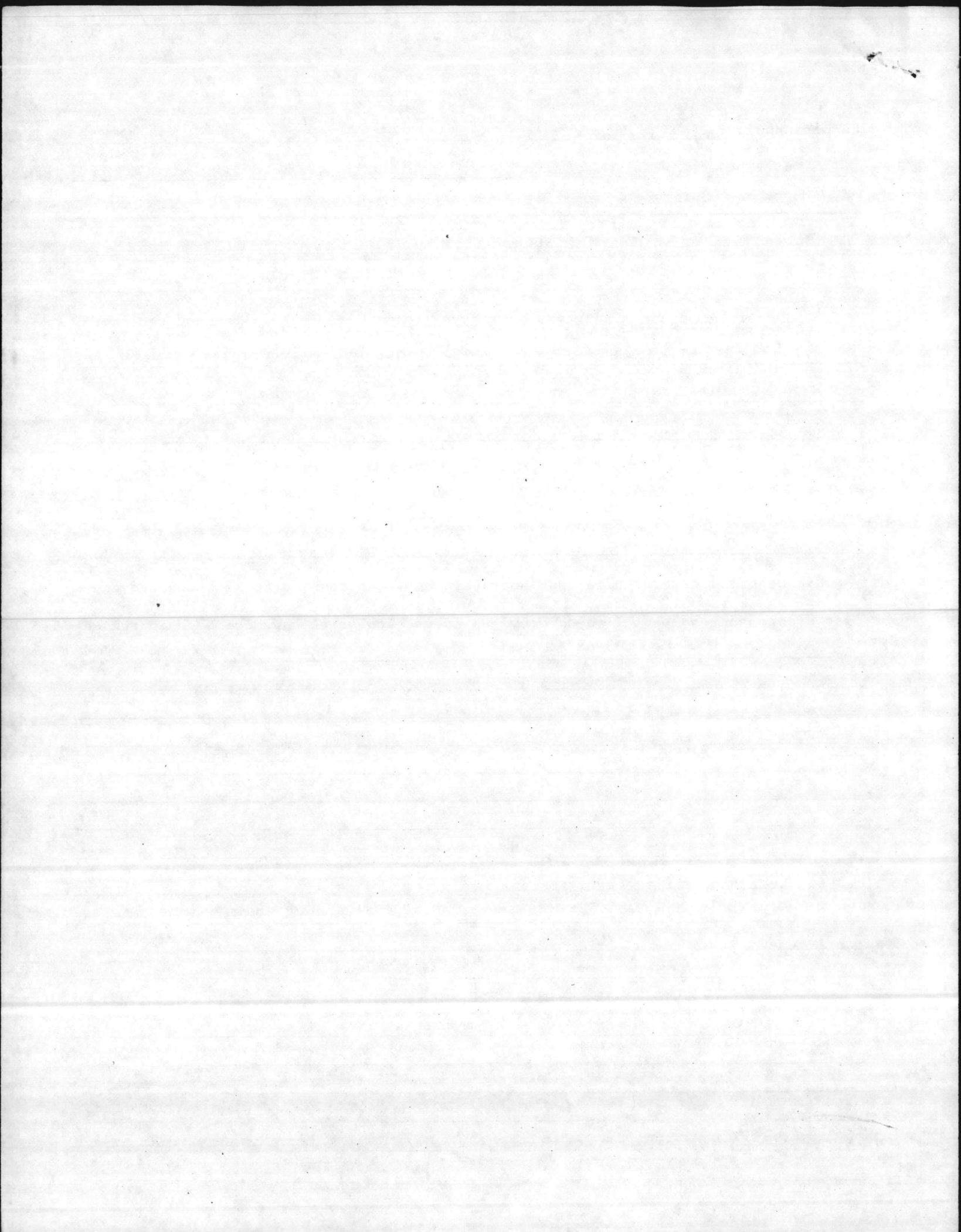
(4) Are there any containers of wastes having an "accumulation start date" over 60 calendar days old? _____ over 90 days old? _____

If yes to either, has a Form DD-1348-1 been submitted to DPDO? _____

6. General

A. List Base Orders and other procedures, training and instructions provided





HAZARDOUS WASTE REGULATIONS COMPLIANCE CHECKLIST

Date _____

1. Name of Organization: Eighth Con

2. Location of Facility: Building 100-

Name of Officials Participating in Inspection: _____

3. Name and Description of Waste _____ Annual Volume Produced _____

6850-00-285-8012 (11490) (2-3 barrels month)

1/5 gal and month

4. Describe Present Methods of Storage and Disposal: _____

(Add additional sheets if needed)

5. Status of Compliance with Hazardous Waste Regulations.

A. Name ^{Address & Phone #} of Officer in Charge: _____

B. Answer Following "yes" or "no". If yes, attach "explanation".

(1) Is there any evidence indicating spillage, leakage or other discharges of waste into the environment? _____

(2) Does personnel have adequate equipment to handle wastes? _____

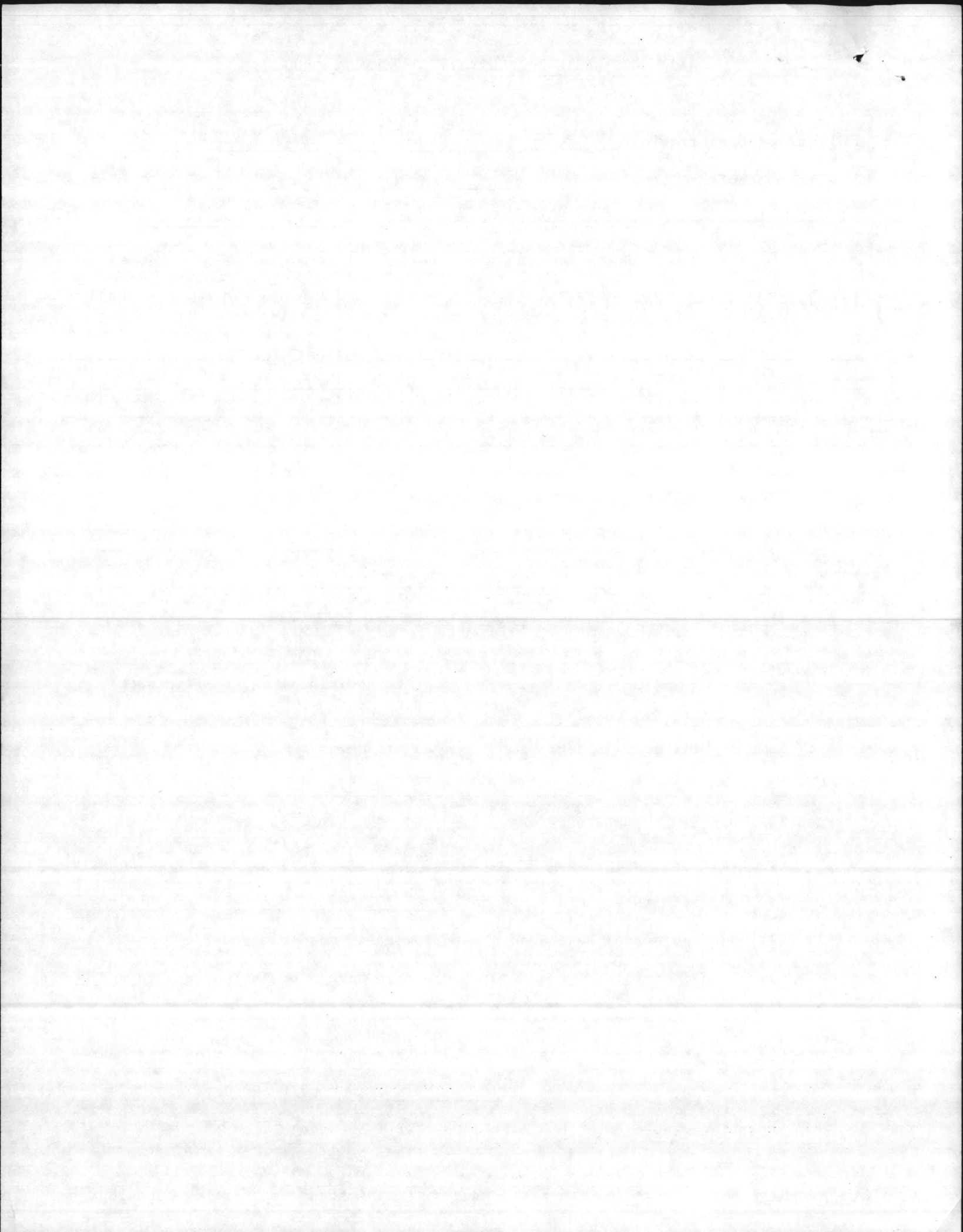
(3) Do all containers used to store wastes have a properly executed and dated hazardous waste label? _____

(4) Are there any containers of wastes having an "accumulation start date" over 60 calendar days old? _____ over 90 days old? _____

If yes to either, has a Form DD-1348-1 been submitted to DPDO? _____

6. General

A. List Base Orders and other procedures, training and instructions provided

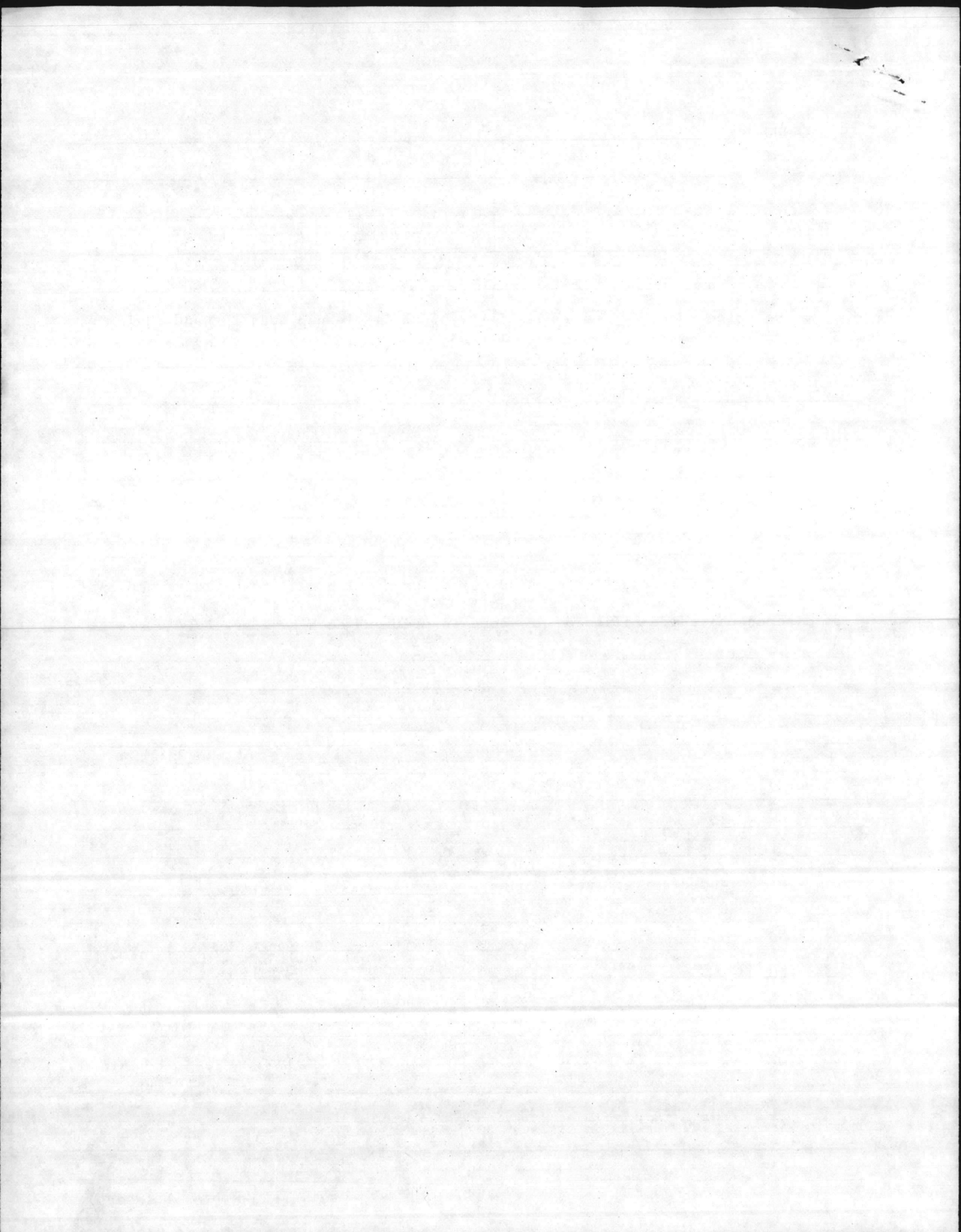


to personnel. _____

B. Describe adequacy and availability of spill cleanup supplies and equipment.

C. Describe discrepancies not addressed above which need to be addressed and list discrepancies identified on previous inspection^s which have not been corrected.

D. Recommended corrective action. _____



HAZARDOUS WASTE REGULATIONS COMPLIANCE CHECKLIST

Date _____

1. Name of Organization: 8th Engineer Support BN

2. Location of Facility: FC200

Name of Officials Participating in Inspection: Sgt Raymond
Sgt Friday, D Spurge, Sgt Johnson, Pvt Pachigelli

3. Name and Description of Waste	Annual Volume Produced
solvents-	12 gallons
Acid-	(200 gallons month)

4. Describe Present Methods of Storage and Disposal: _____

(Add additional sheets if needed)

5. Status of Compliance with Hazardous Waste Regulations.

A. Name of Officer in Charge: ^{address & phone #} _____

B. Answer following "yes" or "no". If yes, attach "explanation".

(1) Is there any evidence indicating spillage, leakage or other discharges of waste into the environment? NO (except oil)

(2) Does personnel have adequate equipment to handle wastes? Battery Acid

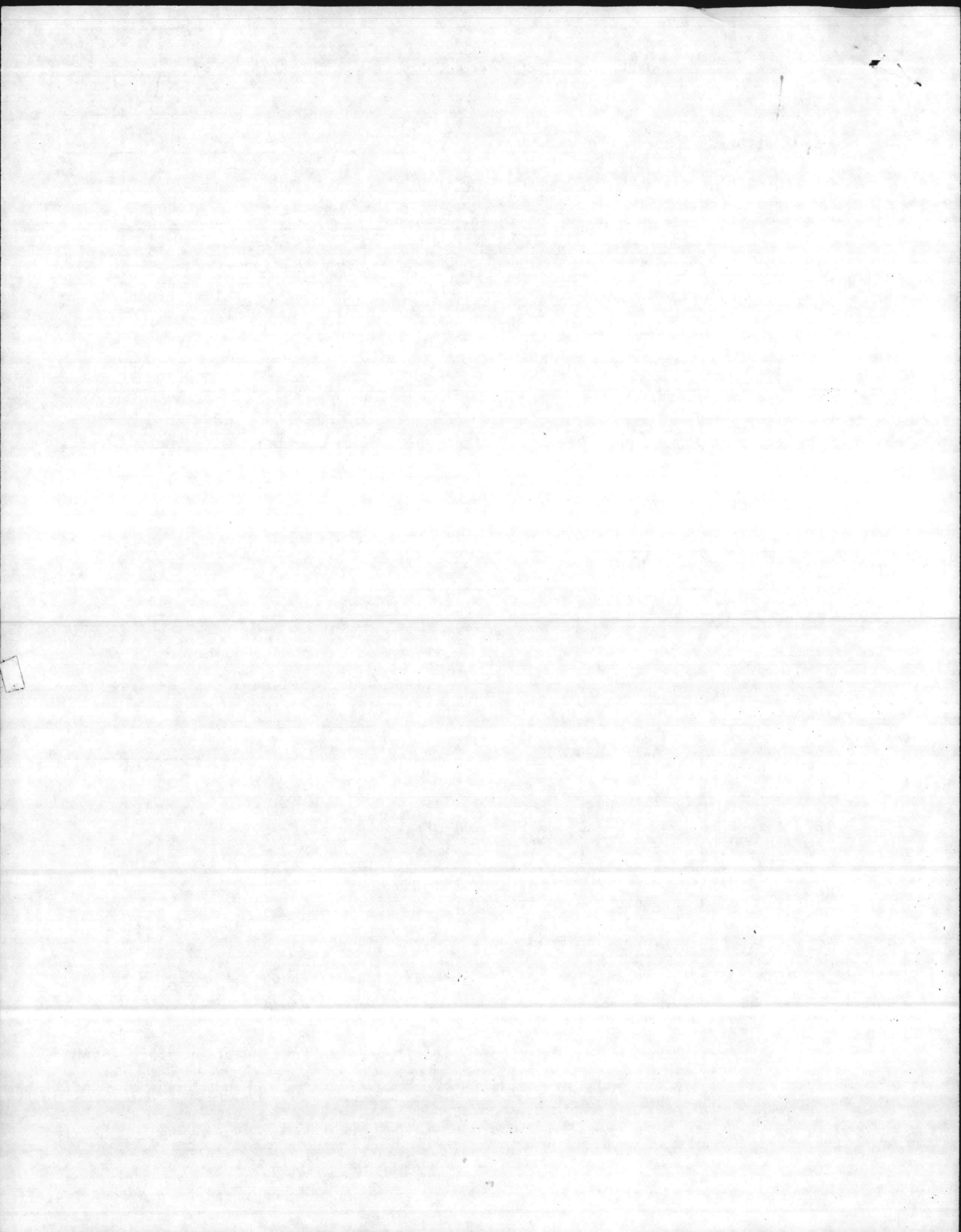
(3) Do all containers used to store wastes have a properly executed and dated hazardous waste label? NO

(4) Are there any containers of wastes having an "accumulation start date" over 60 calendar days old? No Label not used over 90 days old? _____

If yes to either, has a Form DD-1348-1 been submitted to DPDO? _____

6. General

A. List Base Orders and other procedures, training and instructions provided



to personnel. _____

B. Describe adequacy and availability of spill cleanup supplies and equipment.

C. Describe discrepancies not addressed above which need to be addressed and list discrepancies identified on previous inspection^s which have not been corrected.

D. Recommended corrective action. _____

(Attach additional sheets)

1

HAZARDOUS WASTE REGULATIONS COMPLIANCE CHECKLIST

Date _____

1. Name of Organization: Amtracs

2. Location of Facility: A-1, 2, and 3

Name of Officials Participating in Inspection: Sgt Williams,

Gerald Manahan, Captain Botkin, D. Stamps

3. Name and Description of Waste	Annual Volume Produced
<u>6850-00-285-8012 Solvent</u>	
<u>Battery Acid</u>	

4. Describe Present Methods of Storage and Disposal: _____

(Add additional sheets if needed)

5. Status of Compliance with Hazardous Waste Regulations.

A. ^{Address & Phone #} Name of Officer in Charge: _____

B. Answer Following "yes" or "no". If yes, attach "explanation".

(1) Is there any evidence indicating spillage, leakage or other discharges of waste into the environment? yes

(2) Does personnel have adequate equipment to handle wastes? NO

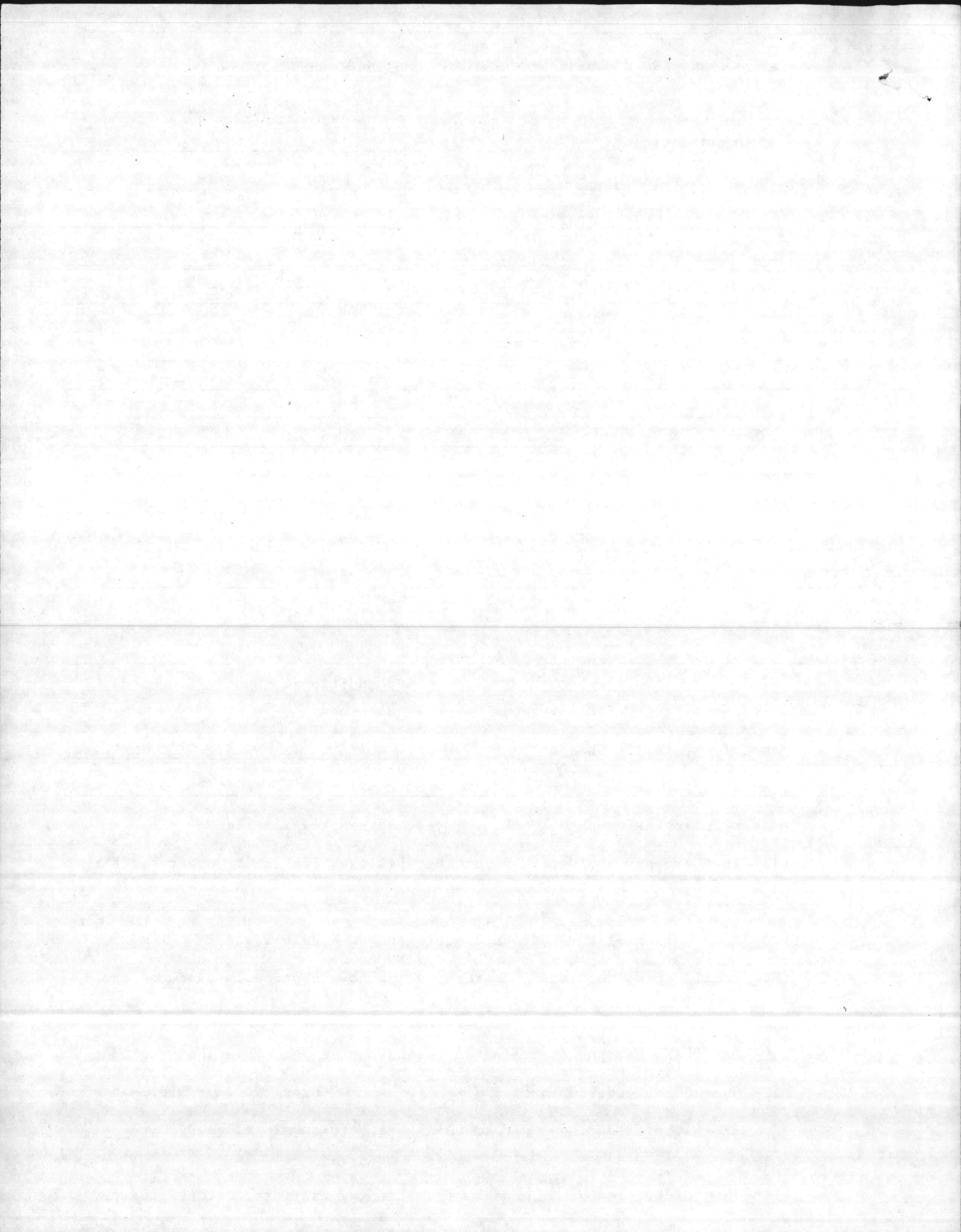
(3) Do all containers used to store wastes have a properly executed and dated hazardous waste label? NO

(4) Are there any containers of wastes having an "accumulation start date" over 60 calendar days old? N/A in that no label used over 90 days old? _____

If yes to either, has a Form DD-1348-1 been submitted to DPDO? _____

6. General

A. List Base Orders and other procedures, training and instructions provided

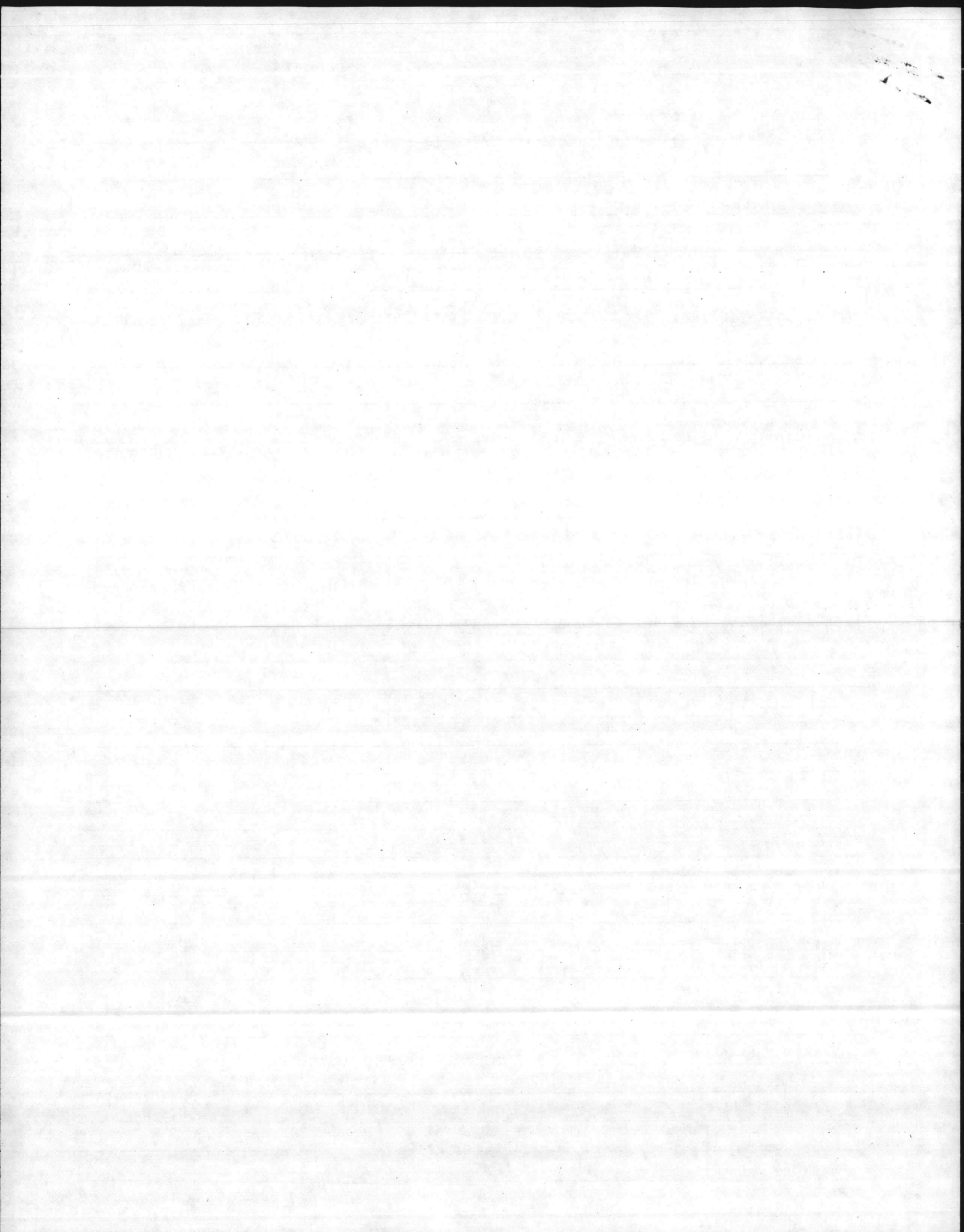


to personnel. _____

B. Describe adequacy and availability of spill cleanup supplies and equipment.

C. Describe discrepancies not addressed above which need to be addressed and list discrepancies identified on previous inspection^s which have not been corrected.

D. Recommended corrective action. _____



HAZARDOUS WASTE REGULATIONS COMPLIANCE CHECKLIST

Date _____

1. Name of Organization: _____

2. Location of Facility: _____

Name of Officials Participating in Inspection: _____

3. Name and Description of Waste	Annual Volume Produced
6850-00-285-8012	
Solvent	100 estimate

4. Describe Present Methods of Storage and Disposal: _____

(Add additional sheets if needed)

5. Status of Compliance with Hazardous Waste Regulations.

A. Name ^{address & phone #} of Officer in Charge: _____

B. Answer Following "yes" or "no". If yes, attach "explanation".

(1) Is there any evidence indicating spillage, leakage or other discharges of waste into the environment? _____

(2) Does personnel have adequate equipment to handle wastes? _____

(3) Do all containers used to store wastes have a properly executed and dated hazardous waste label? _____

(4) Are there any containers of wastes having an "accumulation start date" over 60 calendar days old? _____ over 90 days old? _____

If yes to either, has a Form DD-1348-1 been submitted to DPDO? _____

6. General

A. List Base Orders and other procedures, training and instructions provided

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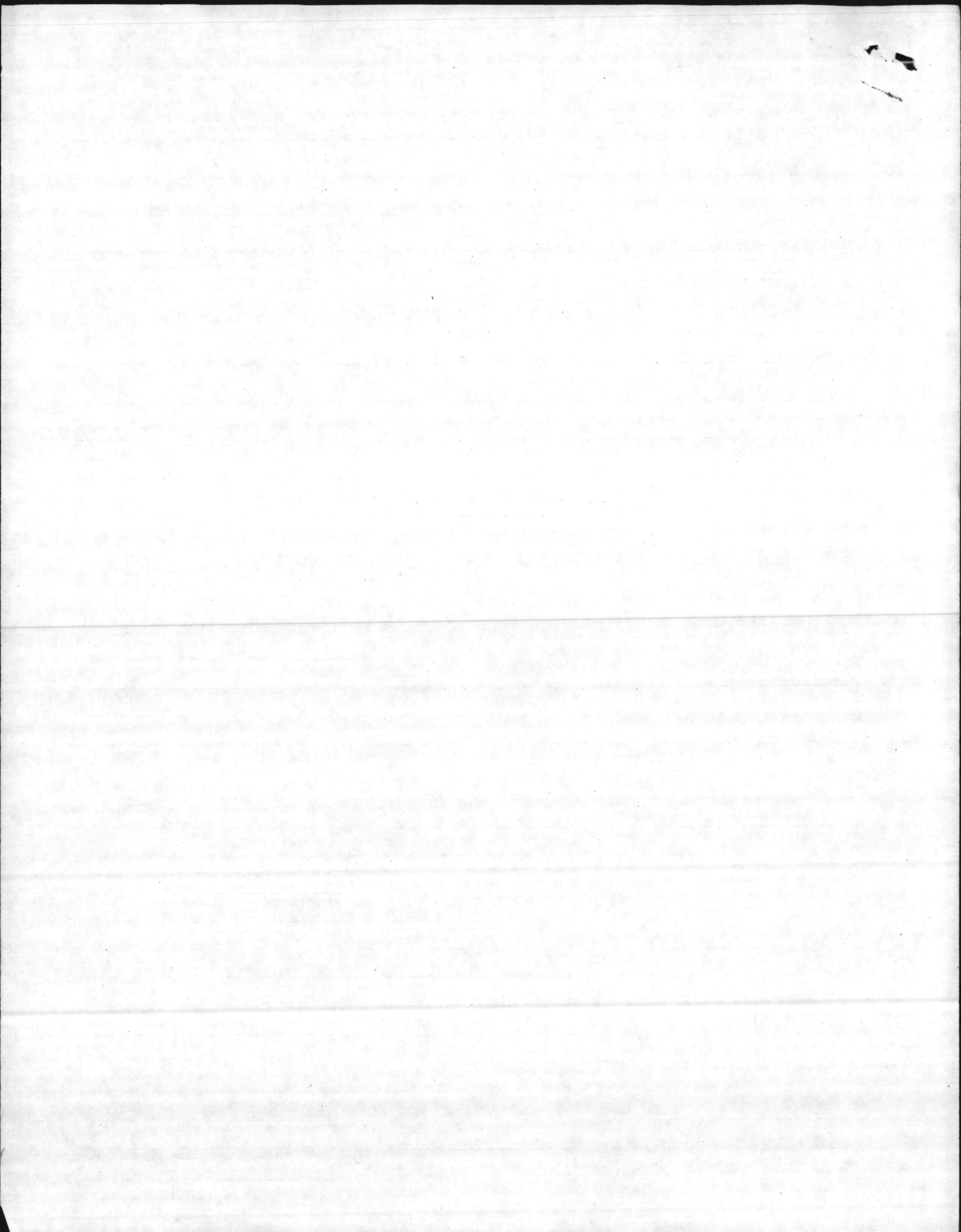
to personnel. _____

B. Describe adequacy and availability of spill cleanup supplies and equipment.

C. Describe discrepancies not addressed above which need to be addressed and list discrepancies identified on previous inspection^s which have not been corrected.

D. Recommended corrective action. _____

(Attach additional sheets)



GENERAL SITE INSPECTION CHECKLIST

Name Marine Corps Base, Camp Lejeune EPA I.D. _____ County Onslow
 Location Adjacent to end SE of Jacksonville North Carolina Contact Person _____ Date _____

INSTRUCTIONS: In the space provided, use the listed codes to indicate status.
 C - Compliance, NC - Noncompliance, NA - Not applicable

1. Characterization of site activity:

a. check off the appropriate activities below:

STORER

Pile NA
 Surface Impoundment NA
 Drums
 Tank, Above Ground NA
 Tank, Below Ground NA
 Other _____

TREATER NA

Filtration _____
 Incineration _____
 Thermal Treatment _____
 Volume Reduction _____
 Recycling/Recovery _____
 Chem/Phys/Bio Treatment _____
 Waste Oil _____
 Reprocessing _____
 Solvent Recovery _____
 Other _____

DISPOSER NA

Landfill _____
 Land Treatment _____
 Surface Impoundment _____
 Incineration _____
 Other _____

b. specify details of site activities as needed:

c. site description (acreage, etc.)

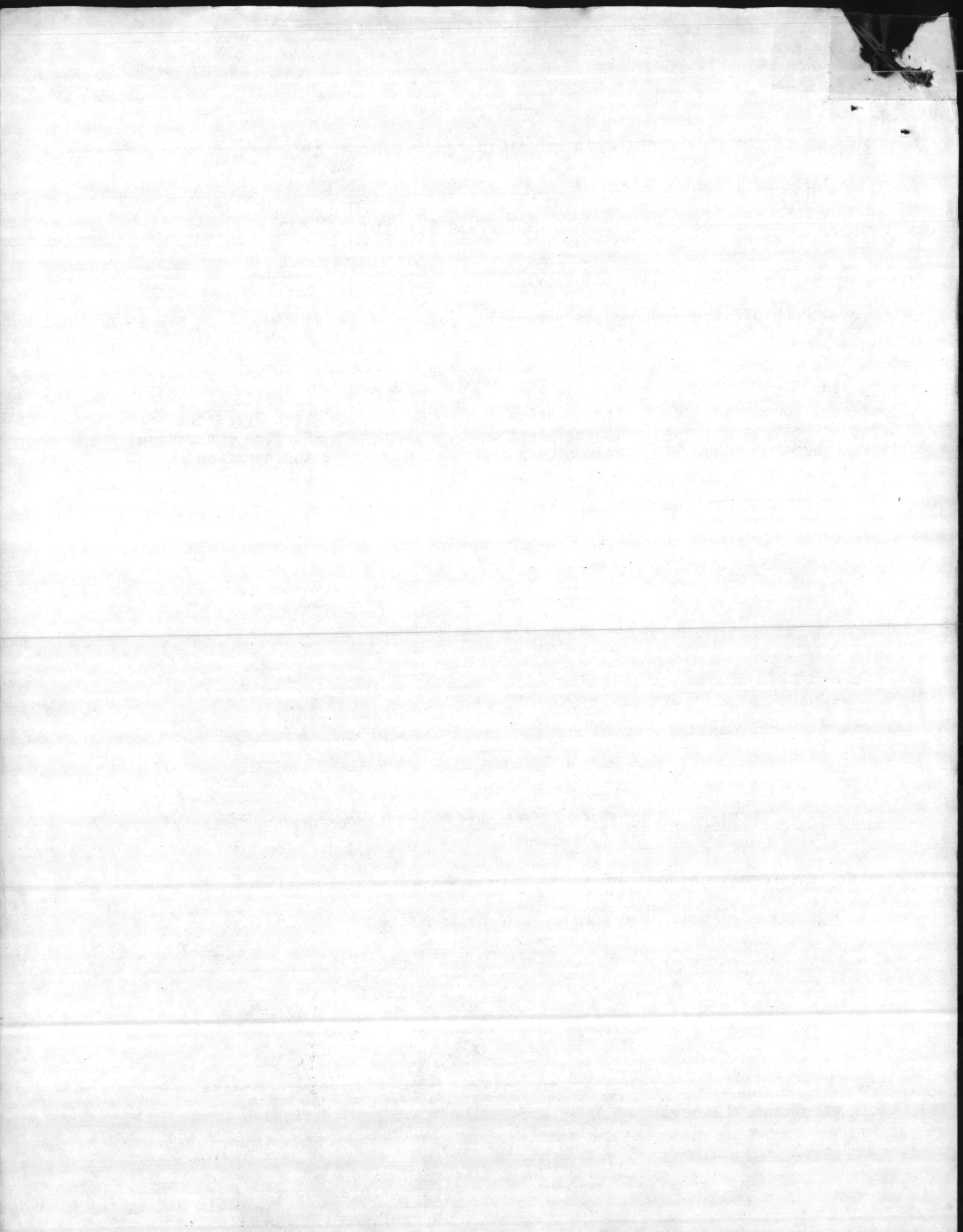
Actions Taken or Planned (This information is available on generator checklist if filled out)

2. Permit information:

a. Check all applicable permits held by the site:

NPDES Permit _____ SPCC Plan _____ State Permit (Specify) _____
 Air Permits _____ Local Permit RCRA Disposer _____
 RCRA Storer _____ RCRA Treater _____
 Other (Specify) _____

In Compliance (Circle) Yes No Unknown with respect to: _____
 Regulation Name/#



Continued

3. Past regulatory actions: (Circle)

None

Yes If yes, summarize: _____

4. Inspection activity (past or on-going): (Circle)

Date of Past Action	Performed by EPA/State	Describe:
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None

Yes -- Specify: _____

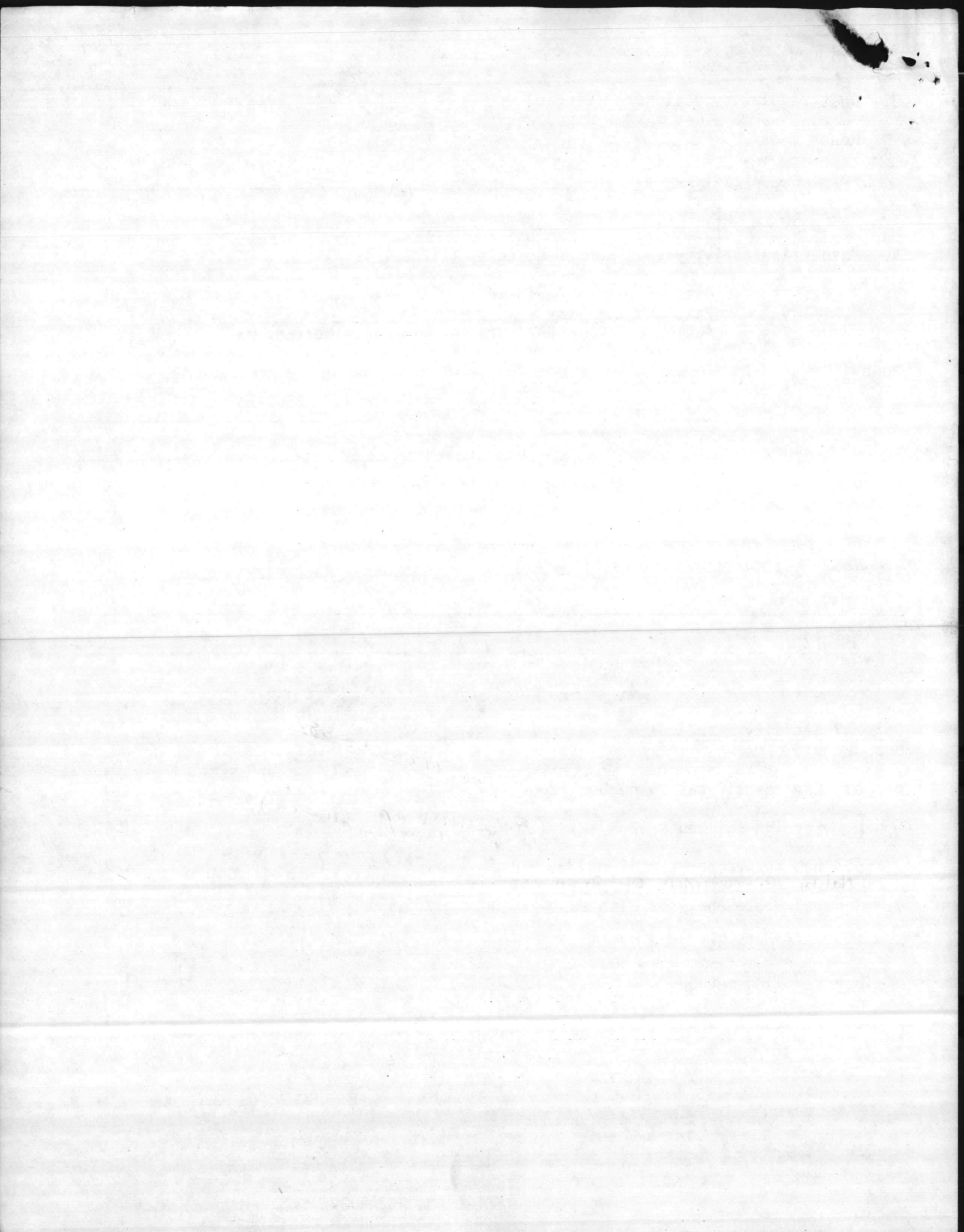
5. Remedial Activity (past or on-going): (Circle)

None

Yes -- Specify: _____

General Facility Standards
Subpart B:

	<u>YES</u>	<u>NO</u>
6. a. EPA identification number (265.11) <i>NC-6170022580</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. foreign shipments (265.12) <i>(Regional EPA - Rep. 4 weeks in advance)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. new owner/operator (265.12) <i>Notify New owner/OP of RCRA reg.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. General Waste Analysis Plan must include: (265.13)	<u>YES</u>	<u>NO</u>
a. test methods	<input type="checkbox"/>	<input type="checkbox"/>
b. sampling method	<input type="checkbox"/>	<input type="checkbox"/>
c. review or repeat of analysis	<input type="checkbox"/>	<input type="checkbox"/>



8. Adequate security: (265.14)
(The facility may be exempt under (265.14(a)(1)(2))

a. 24 hour surveillance system (265.14(b)(1))

or
b. artificial or natural barrier around facility (265.14(b)(2)(i))

and
c. means to control entry (265.14(b)(2)(ii))

d. danger sign(s) at entrance(s) (265.14(c))

"Danger - Unauthorized Personnel Keypad"
(Fence proposed)

9. Inspection requirements must include: (265.15)

a. malfunction (265.15(a))

b. operator error (265.15(a))

c. discharges (265.15(a))

d. written inspection schedule (265.15(b)(1)(2))

1. monitoring equipment

2. safety, emergency equipment

3. security devices

4. operating and structural equipment

Leaking Containers
Wax
improper segregation

B.O. Encl(3) 5 + 7
B.O. Encl(3) 5(7)
B.O. Encl(3) 5(6)
B.O. DATA 5

60 DAYS

e. inspection log (265.15(d))

DATE/Time / inspector / discrepancies / corrective action

10. Personnel training records: (265.16)

a. job titles (265.16(d)(1))

b. description of training (265.16(d)(2))

c. records of training (265.16(d)(3))

Retain until closure or until 3 yrs after termination of employment

11. Requirements for ignitable, reactive or incompatible wastes: (265.17)

a. handling (265.17(a))

b. no smoking signs (265.17(a))

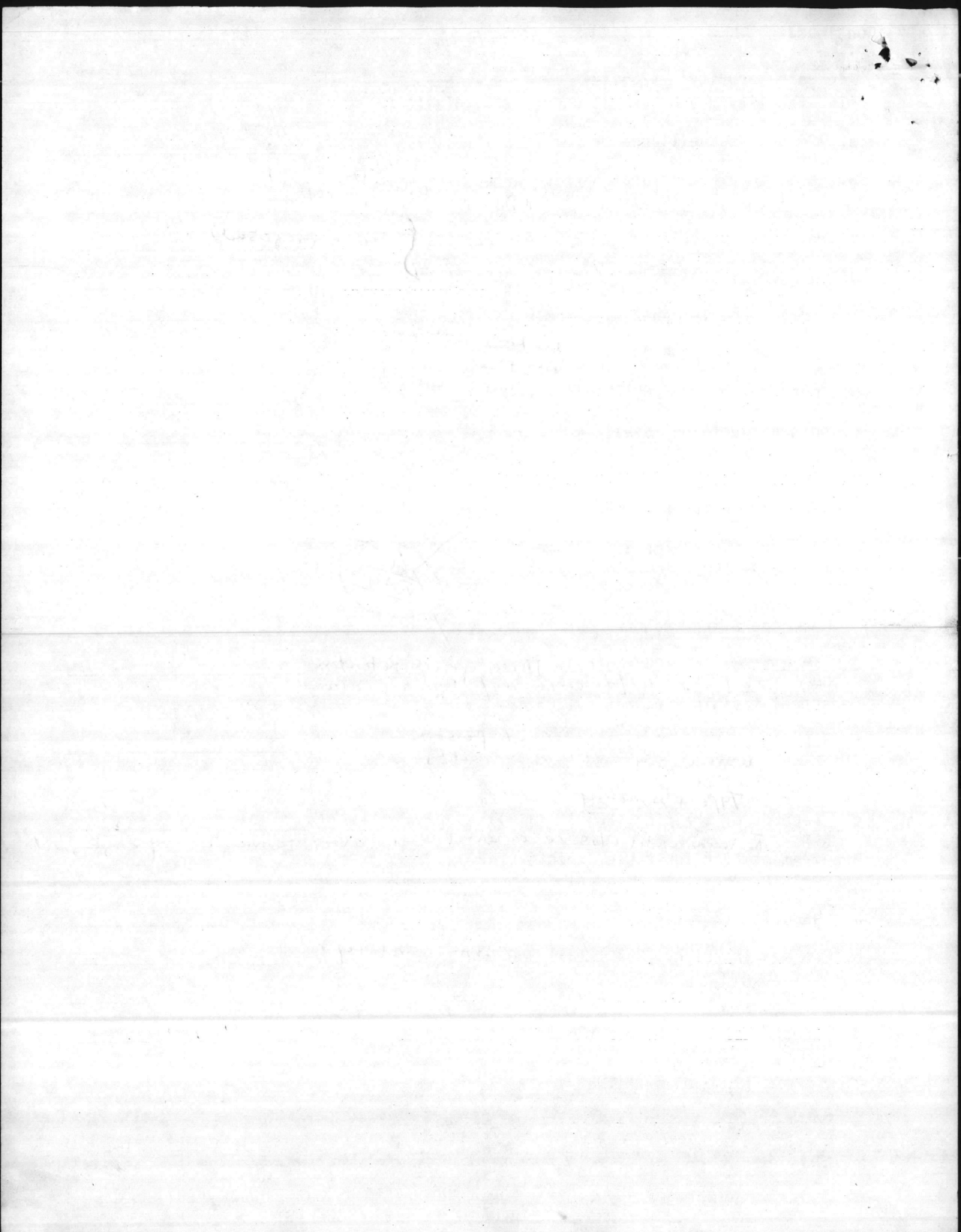
c. separation and confinement (265.17(a))

d. check waste containers (265.17(a))

B.O. para 4(d)

(Base safety)

B.O. DATA 4(b)



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Preparedness and Prevention
Subpart C:

12. Maintenance and operation of facility: (265.31)

a. evidence of fire, explosion or contamination of the environment (Spillage)

13. Required equipment: (265.32)

a. alarm system (265.32(a))

b. telephone or 2-way radio (265.32(b))

c. portable fire extinguishers, fire control, spill control equipment and decontamination equipment (265.32(c))

d. water of adequate volume for hoses, sprinklers or water spray system (265.32(d))

14. Testing and maintenance of equipment (265.33)

a. testing and maintenance procedures

b. condition of equipment

15. Access to communications or alarm systems (265.34) (unless exempt under 265.32)

16. Required aisle space (265.35)

17. Arrangements with local authorities (265.37) (Note 265.37(b)) B.O. 11320.1G

a. Attempted arrangements (265.37(a)) DATA 7 B.O. 11320.1G

b. Agreement with state emergency response teams (265.37(Q)(3)) B.O. 11090.1B

Contingency Plan and Emergency Procedures
Subpart D:

18. Content of contingency plan (265.52) 11090.1B

1. Local agreements (265.52(c)) N/A The Base is an entity in itself

2. Emergency coordinator(s) (265.52(d)) (Phone No./qualifications) Director NREA Base Ecologist 5003

3. Emergency equipment list (265.52(e)) YES

4. Evacuation Plan (265.52(f))

Operator
Fire chief
NREA

P.W.O.

Fire Dept

Fire Dept

Fire Dept
Safety

BO-11090.1B
BO-11090.1B

BO-11090.1B



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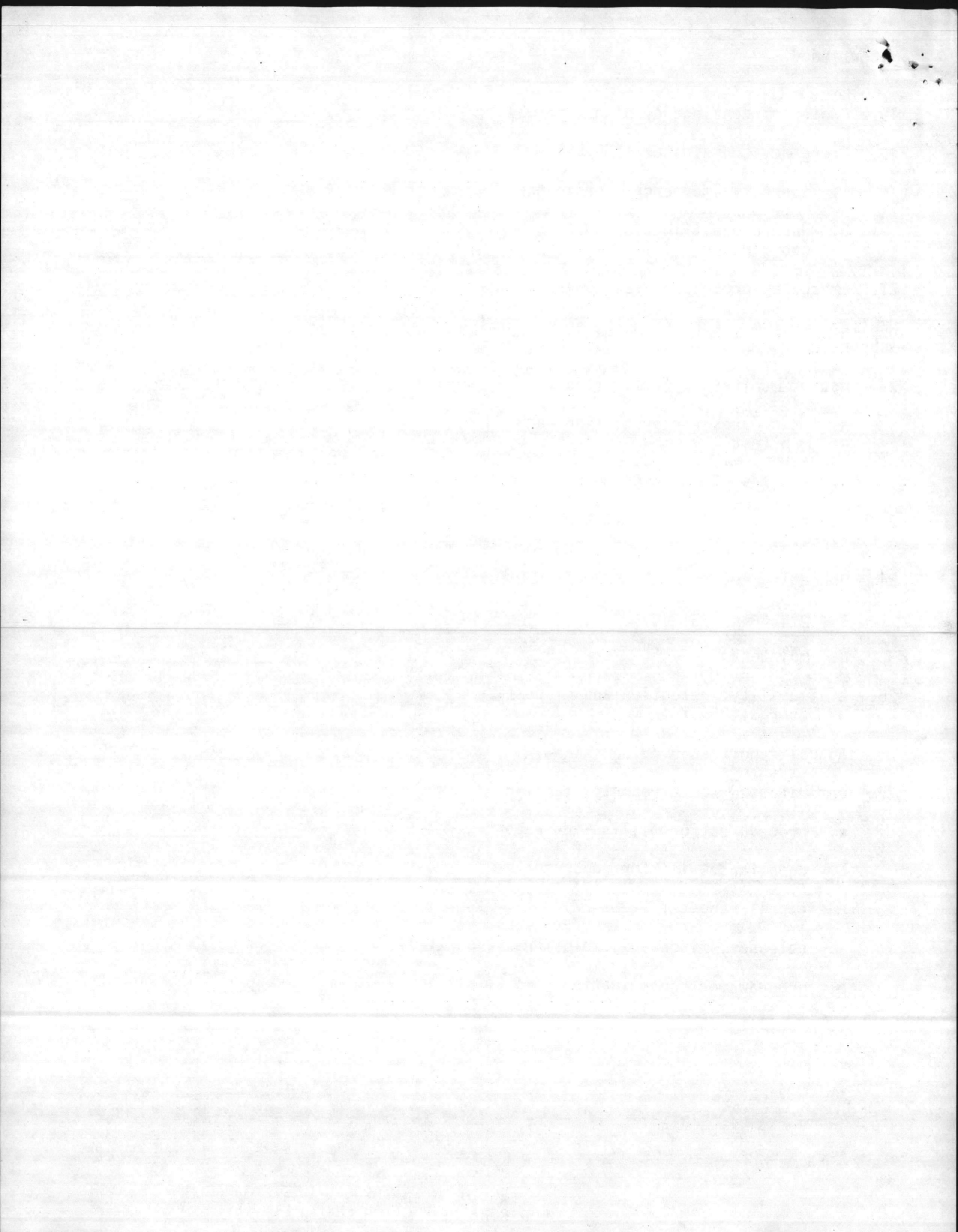
- 19. Copies of contingency plan (265.53)
- 20. Emergency coordinator (265.55)
 - a. identify emergency coordinator
 - b. ensure qualifications of coordinator
- 21. Emergency procedures (265.56)

Manifest System, Recordkeeping, and Reporting
Subpart E:

- 22. Use of manifest system: (265.71)
 - a. procedures for processing each manifest.
 - b. records of past shipments
- 23. Manifest discrepancies (methods of detection) (265.72)
- 24. Operating record: (265.73)
 - a. presence
 - b. maintenance
- 25. Availability, retention and disposition of records (265.74)
- 26. Annual report (265.75)
- 27. Unmanifested waste report: (265.76)
 - a. procedures for filling out report
 - b. compliance file for reports
- 28. Additional reports: (265.77)
 - a. releases, fires and explosions (265.77(a))
 - b. groundwater contamination (265.77(b))
 - c. facility closure (265.77(c))

AC/S/Logistics

FAC/BMU/NREA



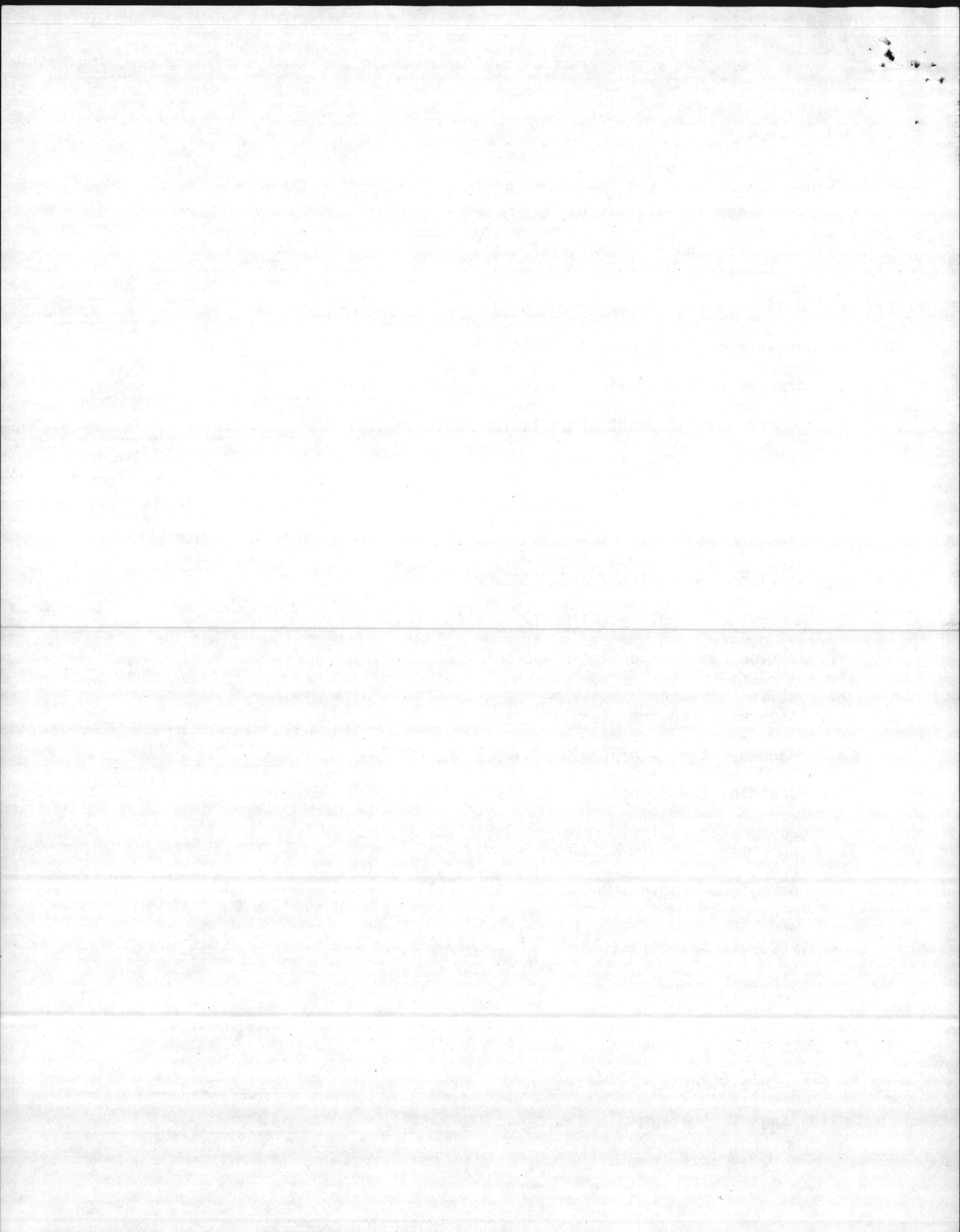
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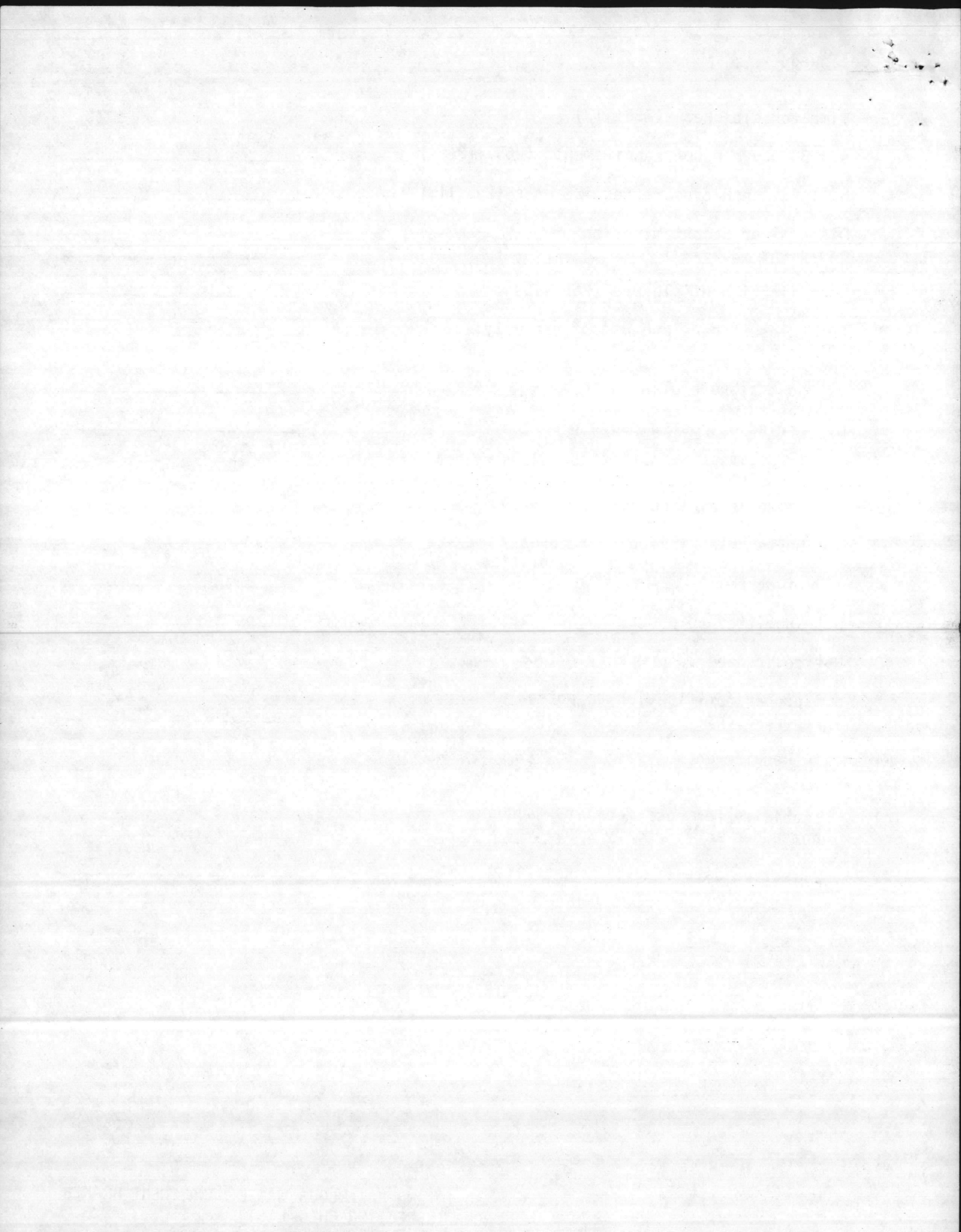
Groundwater Monitoring
Subpart F:

- 29. Applicability: (265.90)
 - a. check applicability (265.90(a))
 - b. operation and maintenance of a system (265.90(b))
 - c. waiver of requirement (265.90(c))
- 30. Groundwater monitoring system (265.91)
 - a. presence (265.91(a))
 - b. number and placement of wells (265.91(a)(1)(2))
 - c. maintenance of wells (265.91(c))
 - d. well integrity (265.91(c))
- 31. Sampling and analysis: (265.92)
 - a. sampling and analysis plan (265.92(a))
 - b. records of sampling and analysis (265.94(a)(1))
- 32. Preparation, evaluation and response: (265.93)
 - a. outline of water quality assessment program (265.93(a))
 - b. adequacy of outline (265.93(a)-(f))
- 33. Recordkeeping and reporting: (265.94)
 - a. groundwater analysis records (265.94(a)(1))
 - b. reports of groundwater monitoring information to Regional Administrator (265.94(a)(2))
 - c. annual groundwater quality reports (265.94(a)(2)(ii)(iii))

Closure and Post-Closure
Subpart G:

- 34. Closure and post-closure: (265.110 - 265.112)
 - a. closure plan
 - b. adequacy of plan





Name	EPA I.D.	County
Location	Contact Person	Date

INSTRUCTIONS: In the space provided, use the listed codes to indicate status.
 C - Compliance, NC - Noncompliance, NA - Not Applicable

Subpart I: Use And Management Of Containers

	<u>Yes</u>	<u>NO</u>
1. Applicability (265.170)		
a. Covered by Subpart I	()	()
b. Exempt according to 265.170 (Specific section: 265.1)	()	()
2. Condition of Containers (265.171)		
a. Leakage	()	()
b. Evidence of pass leakage	()	()
c. Repaired containers	()	()
3. Compatibility of Waste (265.172)		
a. Is the waste suitable for the container or liner?	()	()
b. Visual evidence of violation	()	()
c. Circle visual evidence of non-compliance: (leakage, corrosion, other _____) Specify		
4. Management of Containers (265.173)		
a. Closed during storage	()	()
b. Re-use of containers in compliance with DOT regulations	()	()
5. Inspections (265.174)		
a. At least weekly	()	()
6. Special requirements for ignitable or reactive waste (265.176)		
a. 15 meter (50 feet) from facility property line	(✓)	()
7. Special requirements for incompatible waste		
a. & b. Compliance with 265.17(b), if applicable	()	()
c. Separation, if applicable	()	()

GENERATORS CHECKLIST

Name	EPA I.D.	County
Location	Contact Person	Date

Survey Participants

INSTRUCTIONS: In the space provided, use the listed codes to indicate status.
 C - Compliance, NC - Noncompliance, NA - Not Applicable

1. EPA identification number, if applicable (262.12) _____

2. Waste Volume (261.5)
 - a. *Small Generator (<1000 kg/Mo)
 - b. *Large Generator (>1000 kg/Mo)

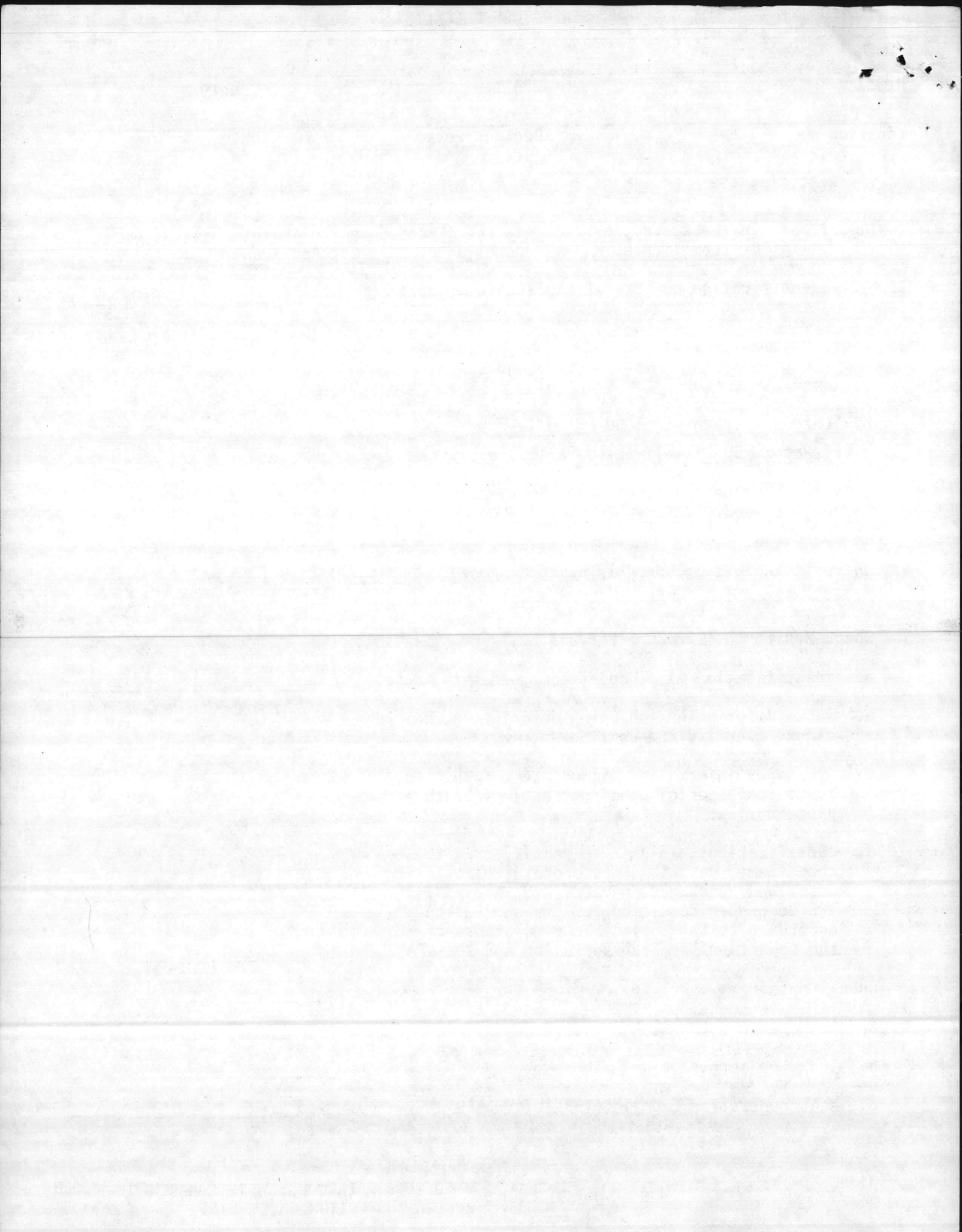
(* Note: Special limits on 261.33(e) list)

3. Briefly describe the plant operations and the type of waste generated. (Volume, form) _____

4. Where is the waste currently being disposed? _____

5. Check Manifest (262.20 - 262.23)
 - a. identification (I.D. code, name, address, date) _____
 - b. waste information (shipping description, hazard class, quantity and unit) _____
 - c. emergency information (immediate response information, special handling instructions, phone no.) _____
 - d. certification: This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA". _____

6. Check Containers (262.30)
 - a. improper construction _____
 - b. leaks or corrosion _____
 - c. heat generation from incompatible wastes _____



7. Labeling practices and marking (262.31 - 262.32)

a. DOT shipping description _____

b. Label saying: HAZARDOUS WASTE - Federal Law Prohibits Improper Disposal. If found, contact the nearest police or public safety authority or the U.S. Environmental Protection Agency.

Generator's Name and Address _____

Manifest Document Number _____

8. Placards for transport (262.33) _____

9. Check accumulation time of wastes: (262.34)

a. check records and dates _____

b. check containers _____

10. Recordkeeping practices:

a. manifests (262.40)

b. test results (262.40)

c. annual reports (262.41)

d. exception reports (262.42)

D.K.
B.order
B.order

11. International shipments (262.50) _____

12. Permit information:

a. Check all applicable permits held by the generator:

___ NPDES Permit ___ SPCC Plan ___ State Permit (Specify) _____

___ Air Permits ___ Local Permit ___ RCRA Disposer

___ RCRA Storer ___ RCRA Treater

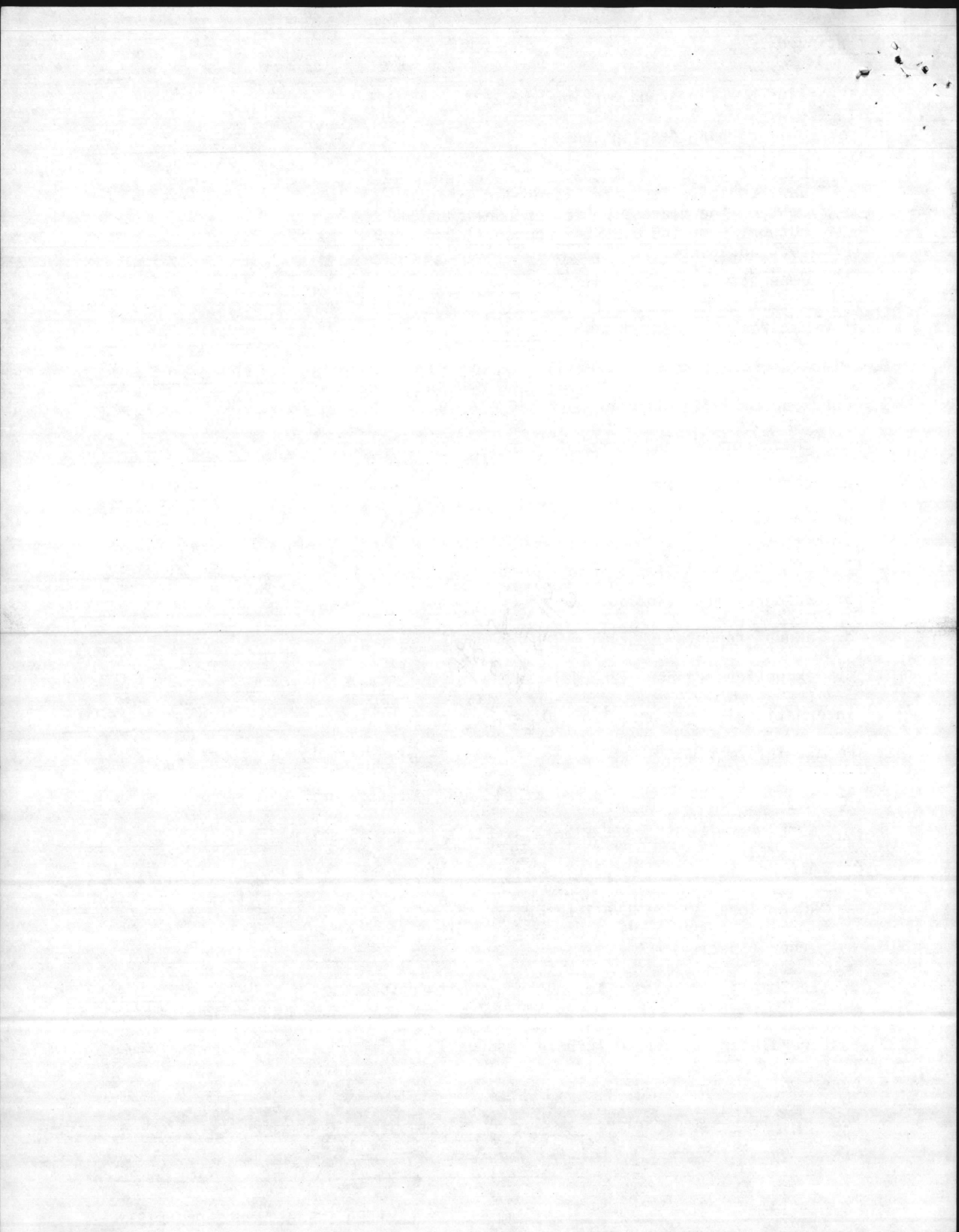
___ Other (Specify) _____

b. In Compliance ___ Yes ___ No ___ Unknown with respect to: _____
Regulation Name/#

13. Past regulatory actions: (Circle response)

None

Yes If yes, summarize: _____



Continued

14. Inspection activity (past or on-going): (Circle response)

	Date of Past Action	Performed by EPA or State	Describe: _____
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None

Yes -- Specify:

15. Remedial activity (past or on-going): (Circle response)

None

Yes -- Specify:

10
11
12

TRANSPORTERS CHECKLIST

Name	EPA I.D.	County
Location	Contact Person	Date

Survey Participants

INSTRUCTIONS: In the space provided, use the listed codes to indicate status.
 C - Compliance, NC - Noncompliance, NA - Not Applicable

1. EPA or authorized state identification number (263.11) OK
2. License number and current date on tag (263.10) OK
3. Maintenance of records for the specified three year time limit (263.22) ~~BD~~
Provides
4. Copy of manifest or delivery document available (263.22) OK

Manifest containing at least: (262.21)

		<u>YES</u>	<u>NO</u>
a. name and address and identification code of transporter	OK	()	()
b. name, address, identification code of generator	OK	()	()
c. name, address, identification code of designated permitted facility	OK	()	()
d. corresponding manifest document number	OK	()	()
e. description and quantity of each hazardous waste	OK	()	()
f. signature of subsequent transporters	N/A yet	()	()
g. signatures signifying proper delivery or reasons why delivery could not be certified	N/A yet	()	()
h. The following certification: This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.	()	()	()

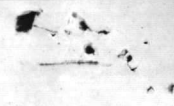
ENC (2)



- Continued

5. Containers properly labeled and marked (262.30 - 262.32)		
6. International shipments: 263.10(c)(1) and 262.50	<u>YES</u>	<u>NO</u>
a. record of date waste left U.S.	()	()
b. presence of one signed copy in records	()	()
7. Evidence of leaking or damaged containers (note appearance of truck also)		
8. Vehicles containing hazardous waste placarded properly (see 49 CFR 172.500)		
9. If it is required of vehicle or if vehicle contains more than 1,000 lbs. of hazardous waste, check to see that markings:	<u>YES</u>	<u>NO</u>
a. appear on both sides of vehicle	()	()
b. are in letter contrasting in color with background	()	()
c. are legible during daylight from 50 feet away	()	()

Covered



DRAFT

INSPECTION FORM FOR INTERIM STATUS STANDARDS FOR
OWNER/OPERATORS OF HAZARDOUS WASTE MANAGEMENT
FACILITIES

Name of Site	I.D.	County
Location		Signature of Owner/Operator
Date		

SIR: An inspection of your hazardous waste management facilities has been made this date and you are notified of the violations marked below.

1. GENERAL
2. GENERAL FACILITY STANDARDS *Designed criteria will suffice (expected)*
3. PREPAREDNESS AND PREVENTION *OK except for site specific aspects.*
4. CONTINGENCY PLAN AND EMERGENCY PROCEDURES OK
5. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING ?
6. GROUND-WATER MONITORING
7. CLOSURE AND POST-CLOSURE
8. FINANCIAL REQUIREMENTS
9. USE AND MANAGEMENT OF CONTAINERS
10. TANKS *N/A - at present*
11. SURFACE IMPOUNDMENTS *N/A*
12. WASTE PILES *N/A*

13. LAND TREATMENT

N/A

14. LANDFILLS

N/A

15. INCINERATORS

N/A

16. THERMAL TREATMENT

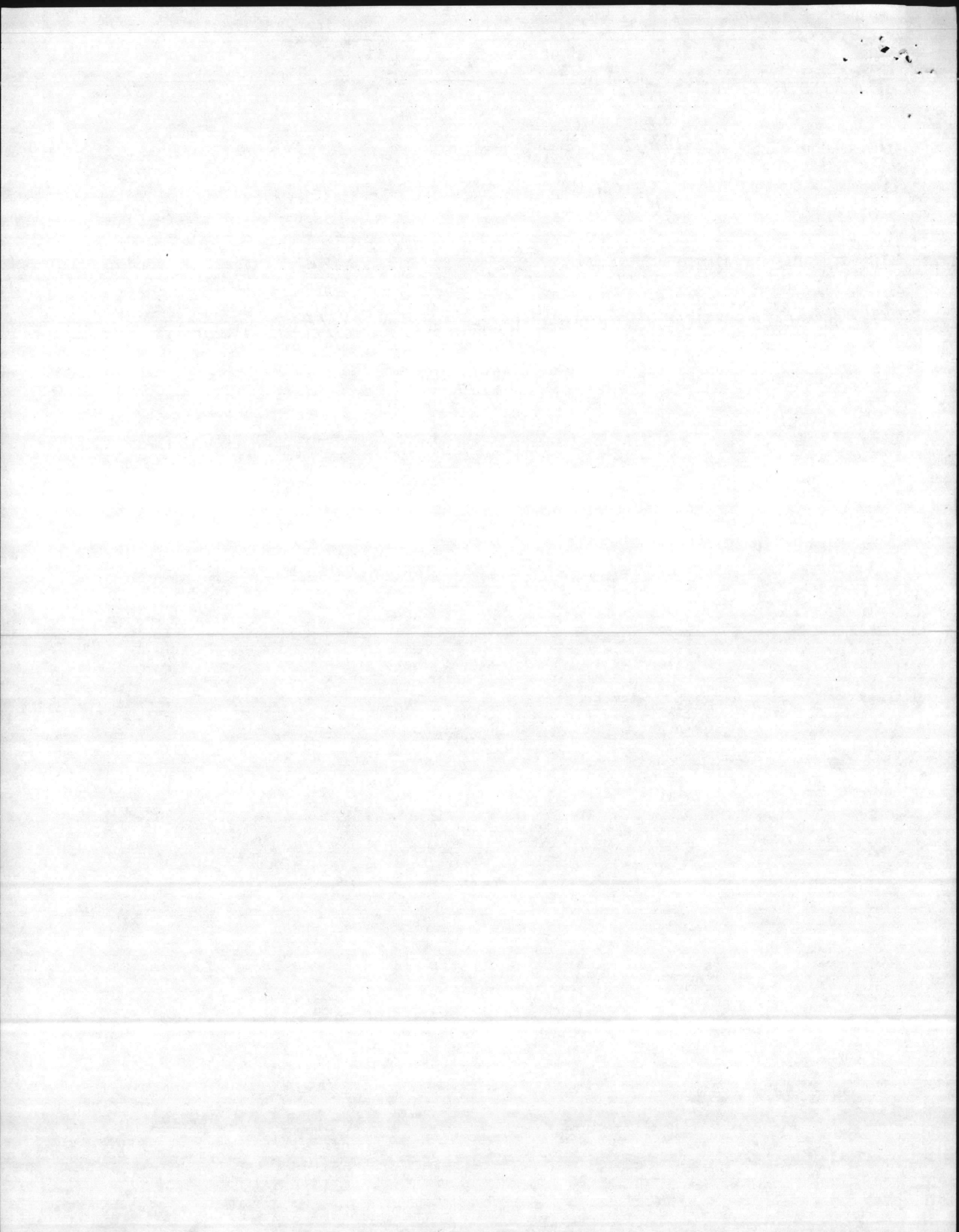
N/A

17. CHEMICAL, PHYSICAL, AND BIOLOGICAL TREATMENT

N/A

18. UNDERGROUND INJECTION

N/A



INTERIM STATUS COMPLIANCE INSPECTION

FACILITY NAME:

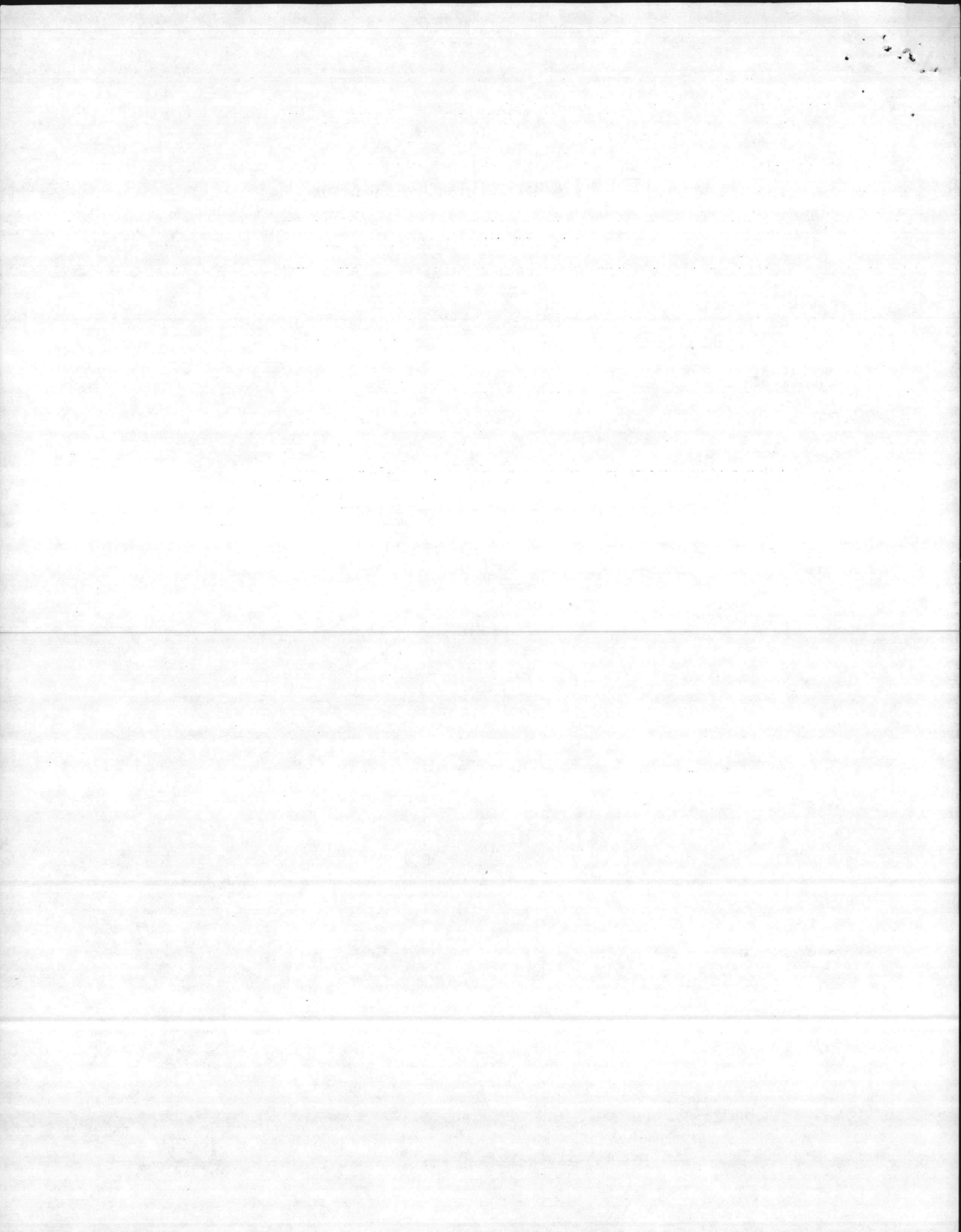
IDENTIFICATION NUMBER:

LOCATION:

DATE:

OWNER/OPERATOR:

INSPECTED BY:



Purpose: Compliance with Interim Status standards for owners and operators of hazardous waste treatment, storage, and disposal facilities.

**A. General Type of Facility
Specific Activity**

- Treatment Storage Disposal
Containers Tanks Surface Impoundments
Waste Piles Land Treatment Landfill
Incineration Thermal Treatment
Chemical, Physical, Biological Treatment
Underground Injection

**Imminent Hazard
Action Required**

- Yes No

B. _____ Facility I.D. Number

- Yes No

**_____ Receiving Waste From
Foreign Sources**

- Yes No _____ 4 weeks notice Yes No

_____ Waste Analysis Plan

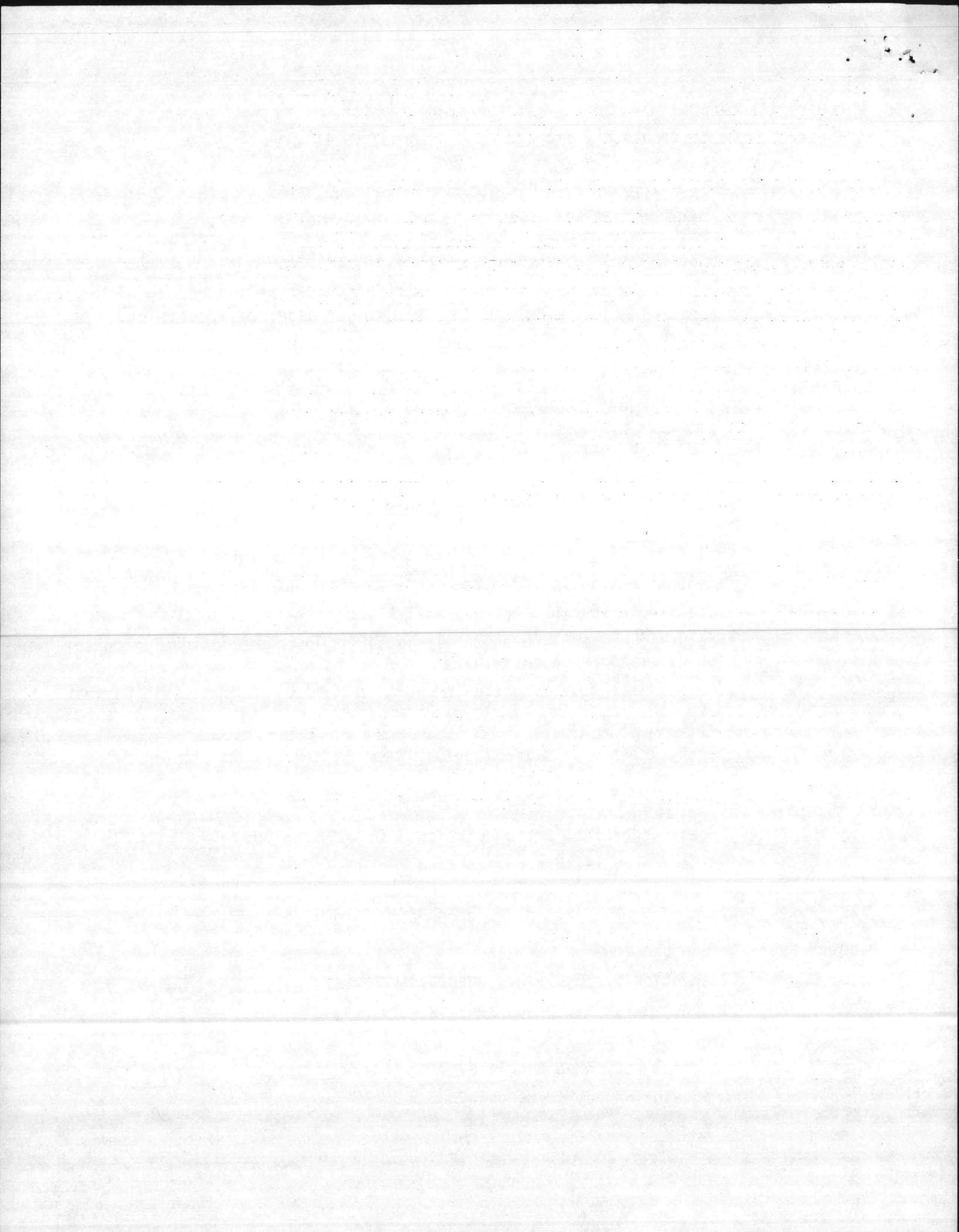
- _____ Waste sampling method, _____ adequate parameter selection
_____ Adequate rationale for parameter selection and analysis
_____ Adequate methodology for lab analysis
_____ Frequency of sampling and analysis sufficient for continual accuracy for all management activity
_____ Plan to detect Ignitable Reactive Incompatible Wastes
_____ Written waste analysis Yes No
_____ Waste analysis plan adequate for waste management activity

C. Security

- _____ Access control to active portion Yes No-Type _____
_____ 24-hour surveillance system-Type _____
_____ Warning signs

D. Owner/Operator Inspection

- _____ Inspection for unplanned events, frequency _____
_____ Inspection of equipment and devices, schedule _____
_____ Types of problems recorded in inspection log _____
_____ Remedial action on problems, time frame _____
_____ Adequate inspection records _____



E. Personnel Training

- Personnel completed job specific training program
- Training program sufficient to ensure capability for normal and emergency procedure
- Annual review of training
- Training records Job title and person filling job Written position(s) description(s) Description of initial and continuing training records of required training/experience per position
- Training records on file

F. Requirements For Ignitable, Reactive, Incompatible Waste

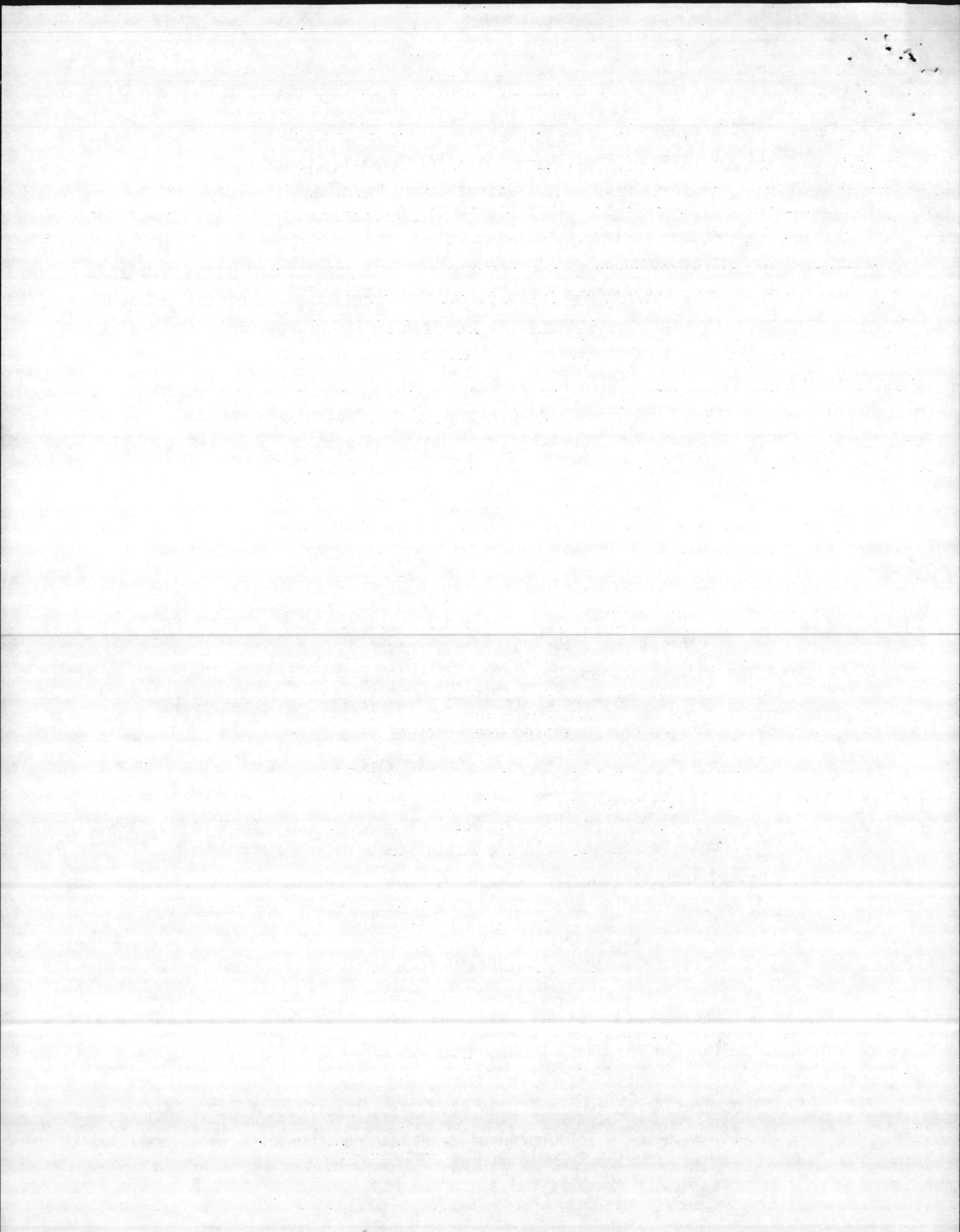
- Prevention of accidental ignition or reaction of waste
 - Flames Smoking cutting welding hot surfaces
 - Friction heat Sparks Spontaneous ignition
 - Radiant heat other _____
- Proper management activity to prevent unplanned events associated with ignitable, reactive, and incompatible waste. Heat, pressure, fire explosion violent reaction
 - Toxic mists, fumes, dust, gases Damage to any device
 - Other threats to health/environment

G. Preparedness And Prevention

- Required equipment Internal communication or alarm system
 - Device for summoning emergency assistance
 - Fire and spill control, decontamination equipment, supplies and devices
- Testing and maintenance of equipment
- Access to communications/alarm system
- Required aisle space
- Arrangements with local authorities Emergency response personnel familiar with facility emergency procedures
 - Primary emergency authority designated
 - Agreement with emergency response groups to participate
 - Arrangements with local hospitals for emergency response

H. Contingency Plan And Emergency Procedures

- Written contingency plan
- Content of contingency plan Describes actions of personnel in response to all unplanned events Amended SPCC plan available



Arrangements with local authorities Emergency coordinator
adequately identified for notification

Emergency equipment listed, described, by capability, function
and located Excavation plan (primary and alternate)

___ Copies of plan at facility and with emergency response service
groups

___ Emergency coordinator(s) Availability Trained

I. Manifest Recordkeeping And Reporting

___ Manifest properly complete

___ Manifest discrepancies resolved

___ Operating Record

Description, volume, methods, dates of management activity of
each waste received Location of each waste within facility

Records of waste analysis and trial tests.

Incidents requiring implementation of contingency plans

Records of owner/operator inspections Monitoring,

testing, analytical data Closure-post closure cost estimates

___ Annual report submitted

___ Unmanifested waste report Waste not excluded from manifest
requirements Small generator waste

___ Required additional reports submitted

J. Groundwater Monitoring

___ Owner/operator of Surface Impoundment Landfill

Land Treatment notified of schedule and requirements for
implementation of groundwater monitoring program

K. Closure - Post Closure Plans

___ Closure plan Written closure plan Description of
methods and schedule of closure Estimate of maximum
inventory of waste Equipment decontamination disposal
procedures Post closure care

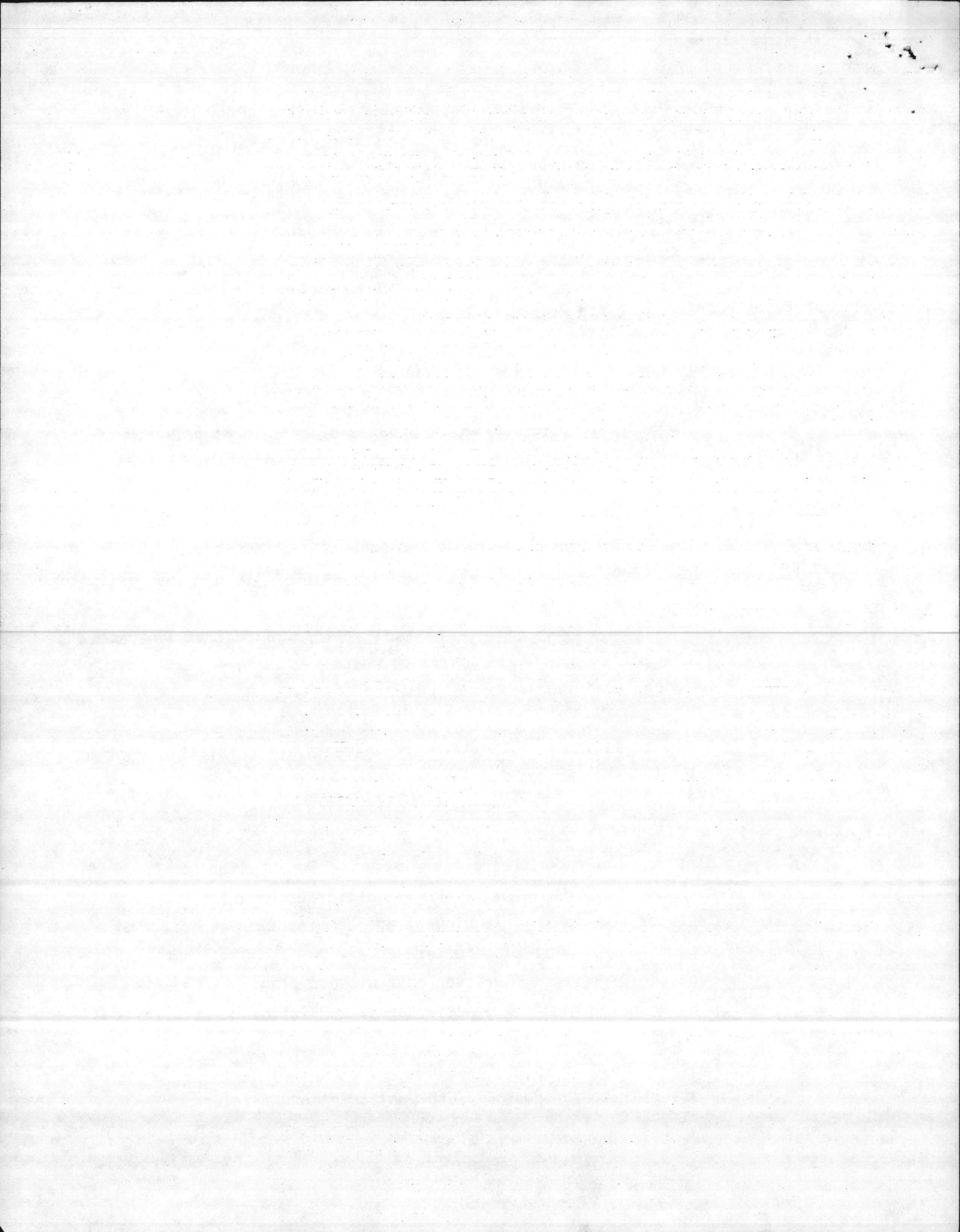
___ Post closure plan Written post closure plan

Groundwater monitoring activities Maintenance activities

L. Financial Requirements

___ Cost estimate for closure

___ Cost estimate for post closure monitoring and maintenance



M. Containers

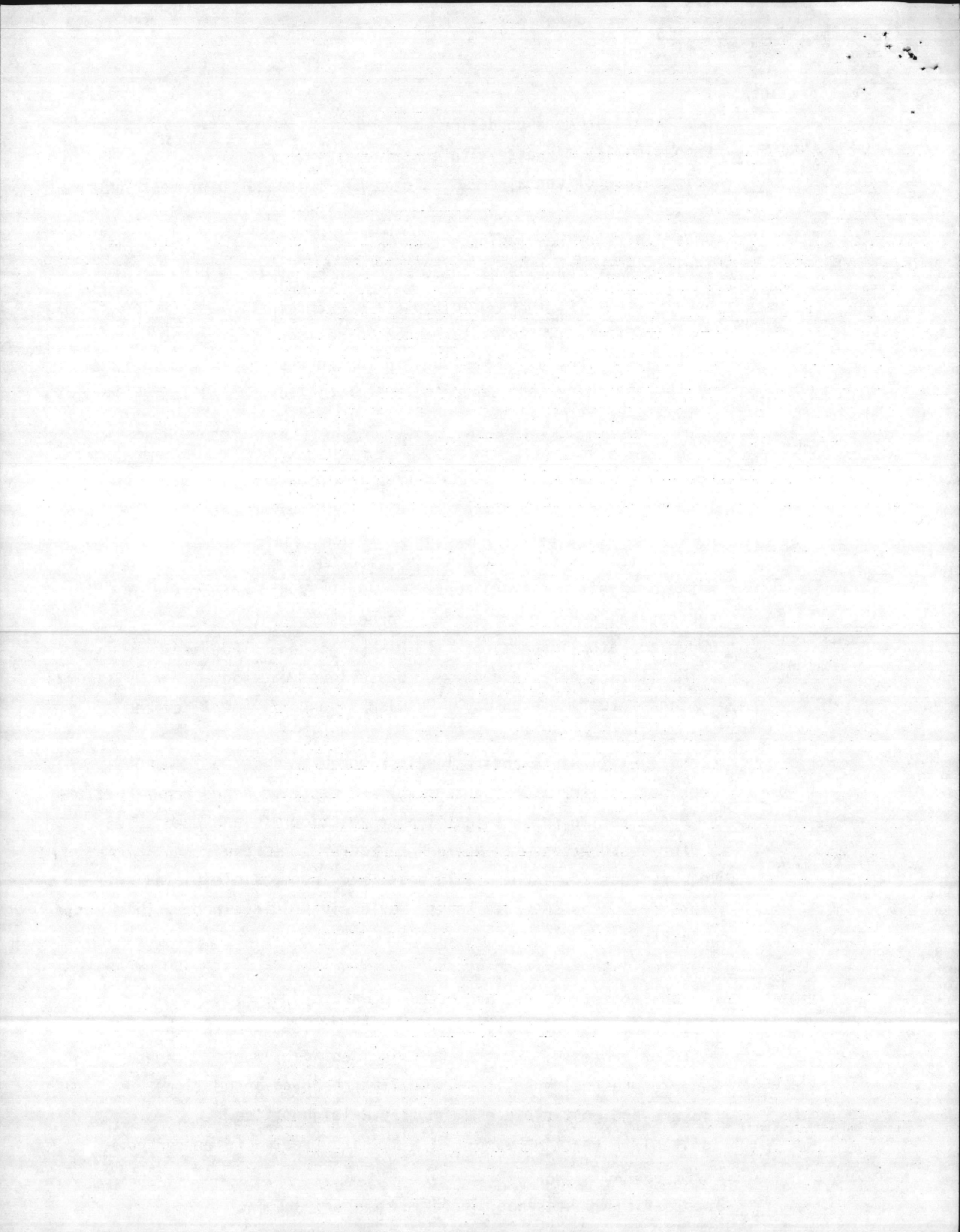
- ___ Containers in good condition
- ___ Compatibility of waste with container
- ___ Maintenance of container Closed Managed to prevent rupture or leak
- ___ Owner/operator weekly inspection
- ___ Ignitable or reactive waste 50' from property line
- ___ Requirements for incompatible waste Incompatible waste on site
 - Incompatible waste mixtures not in same container
 - Adequate removal of residuals prior to reuse Containers of incompatible waste separated and protected from all other waste and activity

N. Tanks

- ___ Operating requirements No damage to structural integrity to tank or liner No threat to health or environment
- ___ Uncovered tanks 2' freeboard or containment device
 Control device for continuous feed to tank
- ___ Waste analysis and trial runs Analysis and trial runs on substantially different waste or process for batch use
- ___ Owner/operator inspections Discharge control devices
 - Monitoring data each day Waste level each day
 - Tank integrity each day Discharge confinement devices weekly
- ___ Closure - all waste and residuals removed
- ___ Requirements for I & R waste I & R waste rendered non-I & R
 - Protected to prevent ignition or reaction Tank used solely for emergencies Meets NFPA buffer zone requirements
- ___ Requirements for incompatible waste Incompatible placed in same tank Unwashed waste tanks previously holding incompatible waste

O. Surface Impoundments

- ___ Operated with 2' freeboard
- ___ Devices and structures protected to ensure integrity
- ___ Waste analysis and trial test Test for substantial change in waste or process Waste analysis identifies waste changes
- ___ Owner/operator inspections Daily freeboard inspection
- ___ Closure and post-closure Notify Raleigh office
- ___ Ignitable - reactive waste I & R waste treated to render non-I or R
 - Emergency use only
- ___ Incompatible wastes not placed in same impoundment

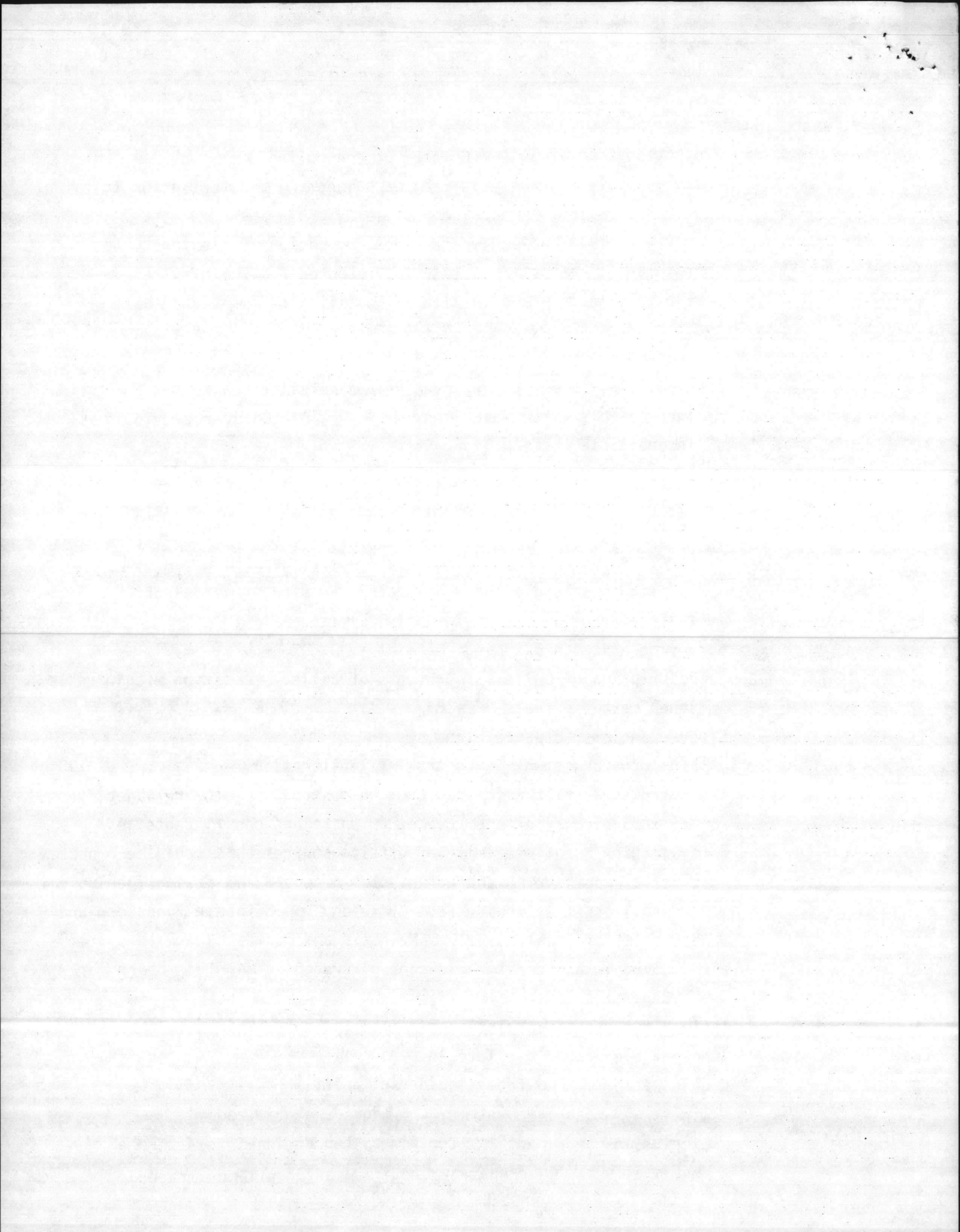


P. Waste Piles

- ___ Protection from wind Covered or controlled
- ___ Waste analysis Analysis from each incoming movement prior to addition to pile Waste compatible
 - Differentiate between waste types Color Texture
- ___ Containment Leachate/runoff Protected from rainfall and run-on Liquids place on pile Notified of compliance date
- ___ Ignitable/reactive waste I & R waste
 - Protected from I & R sources
- ___ Incompatible waste Not placed in same pile
 - Incompatible waste separated Not placed over previous Incompatible waste piles

Q. Landfills

- ___ Operating requirements Waste piles utilized for disposal
 - Run-on diverted from active portions Run-off from active portions collected Collected run-off treated
 - Compliance schedule for above noted Wind dispersal of waste controled Waste analysis plan
- ___ Surveying and recordkeeping
 - Description of cells Contents of cells Location within cells
 - Bench mark Maps
- ___ Closure and post closure plans
 - Final cover design Control of infiltration
 - Control of exfiltration Erosion control Closure objectives met including types and volumes of waste and constituents, ex-filtration rate, proximity of offsite sources that could be impacted climate, engineering characteristics of cover and design, geological and soil profiles, subsurface hydrology Maintain functions and integrity of final cover Maintain and monitor leachate system
 - Maintain and monitor gas control system Maintain bench marks
 - Control access
- ___ Ignitable or reactive waste not placed in landfill
- ___ Incompatible waste not place in same cell
- ___ Liquid waste No free liquids in landfill
 - Liner Leachate system Liquids stabilized
 - Liquids in containers Containers not designed for storage
 - Very small Owner/operator notified of compliance schedule



___ Containers empty crushed shredded notification of compliance schedule

R. Incinerators

- ___ General operating Steady state temperature and air flow
- ___ Waste analysis Sufficient test to establish steady state conditions and emissions BTU value Halogen content
- ___ Sulfur content Concentrations of Pb, Hg if present
- ___ Monitoring and inspections Instruments to monitor combustion and emission control at 15 min. intervals Appropriate corrections made Rate of waste feed Auxiliary fuel feed Air flow
- ___ Temperature Scrubber flow Scrubber pH Stack plume appearance monitored hourly Daily inspections of all equipment including pumps, valves, conveyors, pipes for leaks, spills, emission emergency shut down control alarms
- ___ Closure Plan to remove all waste

S. Thermal treatment or nonincinerator devices

- ___ General operating Steady state operational conditions for continuous treatment Cycle for batch treatment
- ___ Waste analysis Sufficient tests for continuous or batch operations and emission control BTU value Halogen and sulfur content concentration of Pb and Hg
- ___ Monitoring and inspection Instrumentation including temperature emission control waste feed, fuel feed, process flow and level
- ___ Stack plume observed hourly and maintained All equipment including pumps, valves, conveyors, pipes inspected daily for leaks, spills, fugitive emissions and emergency control
- ___ Closure all hazardous waste to be removed
- ___ Open burning waste explosives Open burning prohibited
- ___ Explosives disposal buffers met (weight/distance)

T. Chemical, Physical, Biological Treatment

___ Treatment in tanks, surface impoundments, land treatment
complies with standards

___ General operating requirements

Treatment of waste and equipment compatible

Continuous feed has cut off or by-pass system

___ Waste analysis and trial tests

Tests on all substantially different waste and processes

Trial test and waste analysis (bench test) or data from
similar processes

___ Inspections

Discharge control and safety equipment daily

Monitoring data for operational design compliance (daily)

Construction failure (corrosion, leaks, seams) daily

Construction materials in immediate area for leaks weekly

___ Closure all hazardous waste removed

___ Ignitable or reactive waste

Waste as treated is not ignitable or reactive or

Waste protected to prevent ignition or reaction

___ Incompatible

Incompatible waste not treated in same process unless no
threat

Waste removed from process prior to treatment with other
incompatible waste

10

SUBPART J: TANKS CHECKLIST

Name _____ EPA I.D. _____ County _____

Location _____ Contact Person _____ Date _____

Survey Participants _____

INSTRUCTIONS: In the space provided, use the listed codes to indicate status.
C - Compliance, NC - Noncompliance, NA - Not Applicable

1. General operating requirements: (265.192)

a. compatibility of waste type and tank (ruptures, leaks, corrosion, etc.) (265.17(b), 265.192(b))

b. uncovered tanks: at least 60 cm (265.192(c)) (2 feet) freeboard or

containment structure (e.g. dike or trench or

drainage control system or

diversion structure (standby tank)

c. Volume of tanks: volume of containment (265.192(d))

2. Waste analysis and trial test procedures for and records of waste analysis and trial tests (265.193)

3. Inspections: maintenance and inspection of: (265.194)

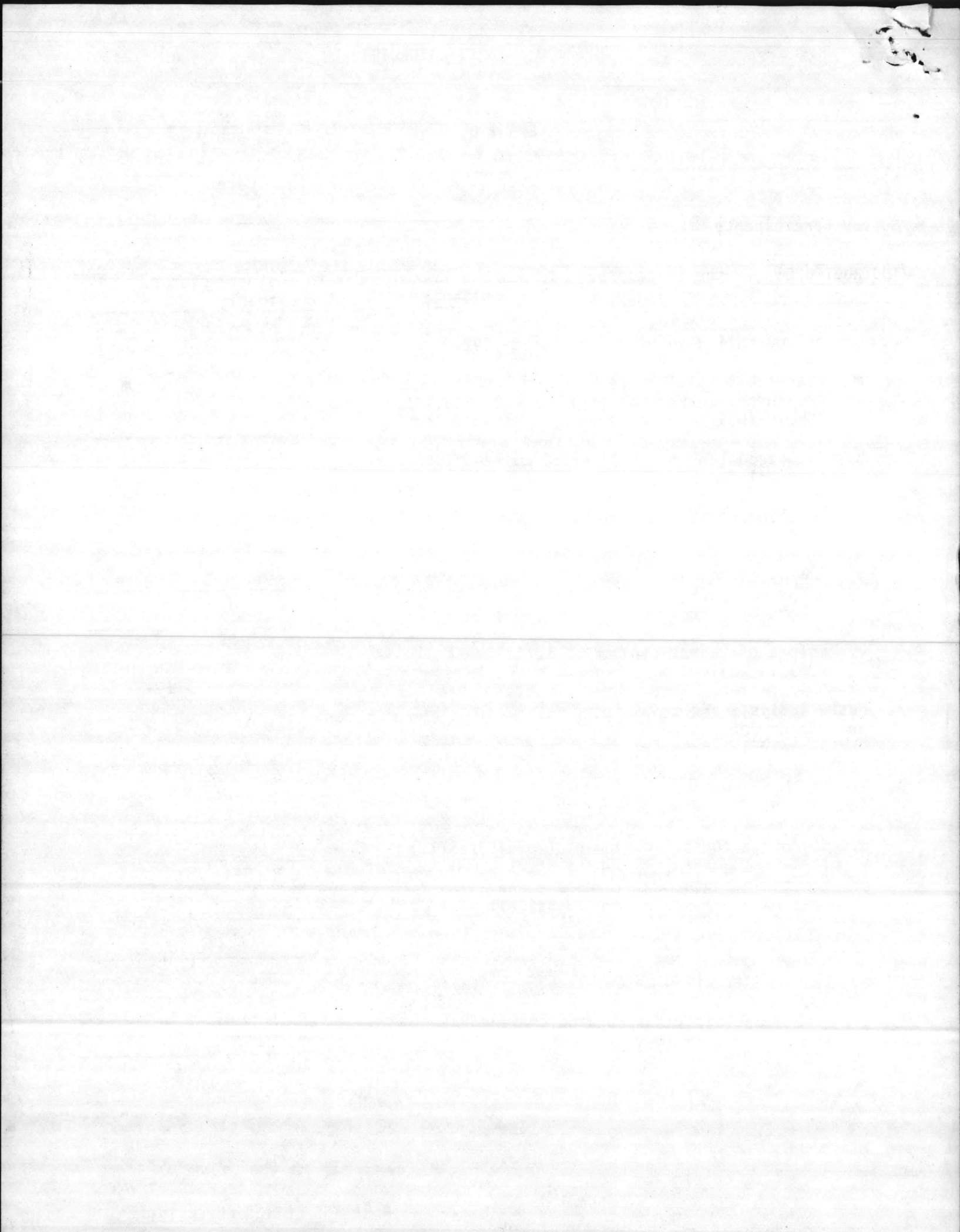
a. discharge control equipment (265.194(a)(1))

b. monitoring equipment (pressure and temperature guages) (265.194(a)(2))

c. level of waste in tank (265.194(a)(3))

d. tank construction materials (265.194(a)(4))

e. area immediately surrounding confinement structures (265.194(a)(5))



- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 4. Closure plan present at site (265.197) | () | () |
| 5. Ignitable or reactive waste properly stored (265.198) | | |
| 6. Incompatible wastes properly stored (265.199) | | |
| | <u>YES</u> | <u>NO</u> |
| 7. Evidence of corrosion, leakage at seams, wet spots, dead vegetation | () | () |

