

## **APPENDIX A**

### **LANDFILL INSPECTION REPORT CHECKLISTS**

- A.1 AREA A LANDFILL**
- A.2 DRMO**
- A.3 GOSS COVE LANDFILL**

**A.1 AREA A LANDFILL**

**INSPECTION CHECKLIST  
SITE 2 - AREA A LANDFILL**

SITE NAME: Site 2 - Area A Landfill (OU1)  
 EPA ID: CTD980906515  
 SITE LOCATION: New London County, CT  
 EPA REGION: Region I  
 REMEDY AT SITE: Landfill Cover, Institutional Controls, Monitoring

DATE: 4-Jun-2003  
 INSPECTOR/COMPANY: Tim Nichols, P.E. / ECC

WEATHER CONDITIONS: Temperature: 62°F  
 Weather: Rain  
 Other: NA

TYPE OF INSPECTION:  Annual Inspection  
 Post-Major Weather Event Inspection  
 Re-Inspection of Deficient Items  
 Other \_\_\_\_\_

AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE		NOTES AND COMMENTS
			NOT RECOMMENDED	RECOMMENDED	
<b>1) Security Fencing</b>					
a) Fencing Around Deployed Parking Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Damaged fence sections at deployed parking area.
b) Entrance Gate to Deployed Parking Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Fence Foundations in Deployed Parking Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Entrance Gate at Thresher Road	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gate not being secured.
e) Entrance Gate at Wahoo Avenue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gate not being secured.
f) No Trespassing and Security Signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No signage with contact information.
g) Indications of Vandalism or Trespassing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>2) Plateau Asphalt Cap Area</b>					
a) General Condition of Asphalt Pavement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	General condition ok with exception of joint separation.
b) Level or Designed Slope Within Pavement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Cracks in Pavement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant cracks/ joint separation.
d) Erosion in Pavement or Adjacent Areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
e) Holes/Penetrations in Asphalt Surface	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
f) Bulges in Asphalt Surface	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
g) Standing Water - other than above (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
h) Stability of Slopes and Adjacent Areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vegetated/grass area at west and south portions of the site not stabilized.
i) Groundwater Monitoring Well Penetrations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
j) Damage to Pavement Caused by Area A Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lack of surface protection for staged trailers, equipment, and materials.
k) Any Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

**SITE 2 - AREA A LANDFILL  
INSPECTION CHECKLIST**

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE		NOTES AND COMMENTS
			NOT RECOMMENDED	RECOMMENDED	
<b>3) Sideslope Riprap Cap Area</b>					
<i>a) General Condition of Riprap Protection</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	General condition is good except for invasive vegetation growth and minor wind-blown trash.
<i>b) General Condition of Gabion Protection</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Item 3a.
<i>c) Localized Depressions in Riprap</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>d) Erosion in Riprap or Adjacent Areas</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>e) Standing Water - other than above (c)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>f) Stability of Slopes and Adjacent Areas</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>g) Groundwater Monitoring Well Penetrations</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>h) Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>i) Presence of Leachate Seeps at Toe of Slope</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Minor leachate breakouts observed at north toe/wetland.
<b>4) Crane Test Pad</b>					
<i>a) General Condition of Concrete Pad</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Standing Water - other than above (a)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>5) Drainage Channel A</b>					
<i>a) General Condition of Drainage Swale</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant siltation, wind-blown trash, and invasive vegetation in swales.
<i>b) Condition of Asphalt Channel Lining</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unable to inspect entire lining due to siltation and vegetation.
<i>c) Siltation within Swale</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant siltation in channels.
<i>d) Invasive Vegetation within Swale</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant invasive vegetation growing in channels.
<i>e) Localized Depressions or Heaving</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unable to inspect entire lining due to siltation and vegetation.
<i>f) Condition of Culvert 1 Headwall</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>g) Condition of Culvert 1 (Elliptical Pipe)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sedimentation in culvert.
<i>h) Condition of Culvert 1 Endwall</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>i) Condition of Culvert 2 Headwall</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>j) Condition of Culvert 2 (Elliptical Pipe)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sedimentation in culvert.
<i>k) Condition of Culvert 2 Endwall</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>6) Drainage Channel B</b>					
<i>a) General Condition of Drainage Swale</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant siltation and invasive vegetation in west end of channel.
<i>b) Condition of Asphalt Channel Lining</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unable to inspect entire lining due to siltation and vegetation.
<i>c) Siltation within Swale</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant siltation in west end of channel.
<i>d) Invasive Vegetation within Swale</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant invasive vegetation growing in channel.
<i>e) Localized Depressions or Heaving</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unable to inspect entire lining due to siltation and vegetation.
<i>f) Condition of ADS Culvert (Parking Entrance)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE		NOTES AND COMMENTS
			NOT RECOMMENDED	RECOMMENDED	
<b>7) Drainage Channel C</b>					
a) <i>General Condition of Drainage Swale</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant siltation and invasive vegetation in riprap channel.
b) <i>Condition of Riprap Lining</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unable to inspect entire lining due to siltation and vegetation.
c) <i>Siltation within Swale</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant siltation in channel riprap.
d) <i>Invasive Vegetation within Swale</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant invasive vegetation growing in channels.
e) <i>Localized Depressions or Heaving</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
f) <i>Condition of Culvert Under Parking Entrance</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>8) Drainage Channel D</b>					
a) <i>General Condition of Drainage Swale</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Channel is in good condition - low flow channel.
b) <i>Condition of Channel Lining</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) <i>Siltation within Swale</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) <i>Invasive Vegetation within Swale</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
e) <i>Localized Depressions or Heaving</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>9) Drainage Channel E</b>					
a) <i>General Condition of Drainage Swale</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant siltation and invasive vegetation in channel.
b) <i>Condition of Channel Lining</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) <i>Siltation within Swale</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant siltation in channel.
d) <i>Invasive Vegetation within Swale</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant invasive vegetation growing in channel.
e) <i>Localized Depressions or Heaving</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>10) GVR-1</b>					
a) <i>Condition of Gas Vent Riser</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) <i>Condition of End Section - 90 Degree Elbows</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) <i>Condition of Riser Protection (HDPE Pipe)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) <i>Condition of Concrete Barriers Around Riser</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>11) GVR-2</b>					
a) <i>Condition of Gas Vent Riser</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) <i>Condition of End Section - 90 Degree Elbows</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) <i>Condition of Riser Protection (HDPE Pipe)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) <i>Condition of Concrete Barriers Around Riser</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>12) GVR-3</b>					
a) <i>Condition of Gas Vent Riser</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) <i>Condition of End Section - 90 Degree Elbows</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) <i>Condition of Riser Protection (HDPE Pipe)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) <i>Condition of Concrete Barriers Around Riser</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>13) GVR-4</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>14) GVR-5</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>15) GVR-6</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>16) GVR-7</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>17) GVR-8</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>18) GVR-9</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>19) GVR-10</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>20) GVR-11</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>21) GVR-12</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>22) GVR-13</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>23) GVR-14</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>24) GVR-15</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>25) GVR-16</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>26) GVR-17</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>27) GVR-18</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>28) GVR-19</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>29) GVR-20</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>30) GVR-21</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>31) GVR-22</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Barriers pushed into asphalt curb (minor damage).
<b>32) GVR-23</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>33) GVR-24</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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<b>34) GVR-25</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>35) GVR-26</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>36) GVR-27</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>37) 1MW2S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>38) 2LMW7S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>39) 2LMW7D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>40) 2LMW8S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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<b>41) 2LMW8D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>42) 2LMW9D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>43) 2LMW13S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>44) 2LMW13D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>45) 2LMW14D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>46) 2LMW17S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>47) 2LMW17D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>48) 2LMW18S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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<b>49) 2LMW18D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>50) 2LMW19S</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>51) 2LMW19D</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>52) 2LMW20S</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>53) 2LMW20D</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>54) 3MW12D (Abandoned/Replaced)</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>55) 2WMW21S</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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<b>56) 2WMW21D</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>57) 2WMW3S</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>58) 2WMW3D</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>59) 2LOW1S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>60) 2LOW1D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>61) 2LOW2S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>62) 2LOW3S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>63) 2LOW4S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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<b>64) 2LPW1S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>65) 2LMW28DS</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>66) 2LMW28F</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>67) 2LMW29A</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>68) 2LMW29F</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>69) 2LMW30DS</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>70) 2LMW30F</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>71) 2LMW31DS</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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			NOT RECOMMENDED	RECOMMENDED	
<b>72) 2LMW32DS</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>73) 2LMW32F</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>74) 2LMW32B</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>75) 2MW33DS</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>76) 2LMW33F</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>77) 2LMW34DS</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>78) 2WMW38DS</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>79) 2WMW39DS</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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<b>80) 2WMW40DS</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>81) 2WMW41DS</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>82) 2WMW42DS</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>83) 2WMW43DS</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>84) 2WMW44DS</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>85) 2WMW45DS</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>86) 2WMW46DS</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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<b>87) 2WMW47DS</b>					
a) <i>Condition of Protective Casing</i>	■	□	■	□	None.
b) <i>Condition of Well Cover</i>	■	□	■	□	None.
c) <i>Condition of Well Lock</i>	■	□	■	□	None.
d) <i>Condition of Well Protection - Bollards</i>	■	□	■	□	None.
<b>88) 3MW37S</b>					
a) <i>Condition of Protective Casing</i>	■	□	■	□	None.
b) <i>Condition of Well Cover</i>	■	□	■	□	None.
c) <i>Condition of Well Lock</i>	■	□	■	□	None.
d) <i>Condition of Well Protection - Bollards</i>	■	□	■	□	None.
<b>89) 4MW1S</b>					
a) <i>Condition of Protective Casing</i>	■	□	■	□	None.
b) <i>Condition of Well Cover</i>	■	□	■	□	None.
c) <i>Condition of Well Lock</i>	■	□	■	□	None.
d) <i>Condition of Well Protection - Bollards</i>	■	□	■	□	None.

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<p><b>Adequacy of O&amp;M at Site:</b> (Discuss issues and observations related to the implementation and scope of O&amp;M procedures. In particular, discuss their relationship to the current and long-term protectiveness of the remedy.)</p> <p>In general, the landfill cap system is in fair condition and is functioning as designed to meet the long-term remedial requirements. There are a few maintenance items that should be addressed this construction season. The maintenance items and other noted deficiencies should be corrected as noted on Table I-1, Deficiency Log.</p>	
<p><b>Notes:</b> (Discuss and clarify any comments or observations related to this inspection.)</p> <p>None.</p>	
<p><b>Deficiencies/Items Requiring Corrections:</b> (Discuss all items that were deficient during the inspection. Also provide recommendations for the deficient items - such as continued monitoring and inspection or repair and further remedial action.)</p> <p>See attached Deficiency Log (Table 1-1) for noted deficiencies and recommended corrective actions.</p>	
<p>_____ Timothy D. Nichols, P.E. Printed Name of Inspector</p>	<p>_____ Signature of Inspector / Date</p>
<p><b>Certification Statement:</b> I hereby certify that a complete and thorough inspection and evaluation of the site and implemented remedy has been performed, and that the items noted on this inspection form have been assessed with respect to the intent of the implemented remedy and the remedial action objectives established for the site.</p>	
<p>_____ Printed Name of O&amp;M Engineer</p>	<p>_____ Printed Name of NSB-NLON IRP Manager</p>
<p>_____ Signature of O&amp;M Engineer / Date</p>	<p>_____ Signature of NSB-NLON IRP Manager / Date</p>

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Provide additional notes or sketch of site as needed:

See attached site map (Figure 1-1).



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<b>3) Sideslope Riprap Cap Area</b>					
a) General Condition of Riprap Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	General condition is good except for invasive vegetation growth and minor wind-blown trash.
b) General Condition of Gabion Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Item 3a.
c) Localized Depressions in Riprap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Erosion in Riprap or Adjacent Areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
e) Standing Water - other than above (c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
f) Stability of Slopes and Adjacent Areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
g) Groundwater Monitoring Well Penetrations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
h) Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
i) Presence of Leachate Seeps at Toe of Slope	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Minor leachate breakouts observed at north toe/wetland.
<b>4) Crane Test Pad</b>					
a) General Condition of Concrete Pad	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Standing Water - other than above (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>5) Drainage Channel A</b>					
a) General Condition of Drainage Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant siltation, wind-blown trash, and invasive vegetation in swales.
b) Condition of Asphalt Channel Lining	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unable to inspect entire lining due to siltation and vegetation.
c) Siltation within Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant siltation in channels.
d) Invasive Vegetation within Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant invasive vegetation growing in channels.
e) Localized Depressions or Heaving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unable to inspect entire lining due to siltation and vegetation.
f) Condition of Culvert 1 Headwall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
g) Condition of Culvert 1 (Elliptical Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sedimentation in culvert.
h) Condition of Culvert 1 Endwall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
i) Condition of Culvert 2 Headwall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
j) Condition of Culvert 2 (Elliptical Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sedimentation in culvert.
k) Condition of Culvert 2 Endwall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>6) Drainage Channel B</b>					
a) General Condition of Drainage Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant siltation and invasive vegetation in west end of channel.
b) Condition of Asphalt Channel Lining	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unable to inspect entire lining due to siltation and vegetation.
c) Siltation within Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant siltation in west end of channel.
d) Invasive Vegetation within Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant invasive vegetation growing in channel.
e) Localized Depressions or Heaving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unable to inspect entire lining due to siltation and vegetation.
f) Condition of ADS Culvert (Parking Entrance)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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			NOT RECOMMENDED	RECOMMENDED	
<b>7) Drainage Channel C</b>					
a) General Condition of Drainage Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant siltation and invasive vegetation in riprap channel.
b) Condition of Riprap Lining	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unable to inspect entire lining due to siltation and vegetation.
c) Siltation within Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant siltation in channel riprap.
d) Invasive Vegetation within Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant invasive vegetation growing in channels.
e) Localized Depressions or Heaving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
f) Condition of Culvert Under Parking Entrance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>8) Drainage Channel D</b>					
a) General Condition of Drainage Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Channel is in good condition - low flow channel.
b) Condition of Channel Lining	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Siltation within Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Invasive Vegetation within Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
e) Localized Depressions or Heaving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>9) Drainage Channel E</b>					
a) General Condition of Drainage Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant siltation and invasive vegetation in channel.
b) Condition of Channel Lining	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Siltation within Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant siltation in channel.
d) Invasive Vegetation within Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant invasive vegetation growing in channel.
e) Localized Depressions or Heaving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>10) GVR-1</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>11) GVR-2</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>12) GVR-3</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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<b>13) GVR-4</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>14) GVR-5</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>15) GVR-6</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>16) GVR-7</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>17) GVR-8</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>18) GVR-9</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>19) GVR-10</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>20) GVR-11</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>21) GVR-12</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>22) GVR-13</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>23) GVR-14</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>24) GVR-15</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>25) GVR-16</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>26) GVR-17</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>27) GVR-18</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>28) GVR-19</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>29) GVR-20</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>30) GVR-21</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>31) GVR-22</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Barriers pushed into asphalt curb (minor damage).
<b>32) GVR-23</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>33) GVR-24</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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<b>34) GVR-25</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>35) GVR-26</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>36) GVR-27</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>37) IMW2S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>38) 2LMW7S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>39) 2LMW7D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>40) 2LMW8S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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<b>41) 2LMW8D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>42) 2LMW9D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>43) 2LMW13S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>44) 2LMW13D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>45) 2LMW14D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>46) 2LMW17S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>47) 2LMW17D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>48) 2LMW18S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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<b>49) 2LMW18D</b>					
a) <i>Condition of Surface Surrounding Well Cover</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) <i>Condition of Flush Mount Well Cover</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) <i>Condition of Well Lock</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>50) 2LMW19S</b>					
a) <i>Condition of Protective Casing</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) <i>Condition of Well Cover</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) <i>Condition of Well Lock</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) <i>Condition of Well Protection - Bollards</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>51) 2LMW19D</b>					
a) <i>Condition of Protective Casing</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) <i>Condition of Well Cover</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) <i>Condition of Well Lock</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) <i>Condition of Well Protection - Bollards</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>52) 2LMW20S</b>					
a) <i>Condition of Protective Casing</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) <i>Condition of Well Cover</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) <i>Condition of Well Lock</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) <i>Condition of Well Protection - Bollards</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>53) 2LMW20D</b>					
a) <i>Condition of Protective Casing</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) <i>Condition of Well Cover</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) <i>Condition of Well Lock</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) <i>Condition of Well Protection - Bollards</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>54) 3MW12D (Abandoned/Replaced)</b>					
a) <i>Condition of Protective Casing</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) <i>Condition of Well Cover</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) <i>Condition of Well Lock</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) <i>Condition of Well Protection - Bollards</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>55) 2WMW21S</b>					
a) <i>Condition of Protective Casing</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) <i>Condition of Well Cover</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) <i>Condition of Well Lock</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) <i>Condition of Well Protection - Bollards</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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<b>56) 2WMW21D</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>57) 2WMW3S</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>58) 2WMW3D</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>59) 2LOW1S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>60) 2LOW1D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>61) 2LOW2S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>62) 2LOW3S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>63) 2LOW4S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>64) 2LPW1S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>65) 2LMW28DS</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>66) 2LMW28F</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>67) 2LMW29A</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>68) 2LMW29F</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>69) 2LMW30DS</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>70) 2LMW30F</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>71) 2LMW31DS</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>72) 2LMW32DS</b>					
<i>a) Condition of Surface Surrounding Well Cover</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Condition of Flush Mount Well Cover</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Condition of Well Lock</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>73) 2LMW32F</b>					
<i>a) Condition of Surface Surrounding Well Cover</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Condition of Flush Mount Well Cover</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Condition of Well Lock</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>74) 2LMW32B</b>					
<i>a) Condition of Surface Surrounding Well Cover</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Condition of Flush Mount Well Cover</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Condition of Well Lock</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>75) 2MW33DS</b>					
<i>a) Condition of Surface Surrounding Well Cover</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Condition of Flush Mount Well Cover</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Condition of Well Lock</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>76) 2LMW33F</b>					
<i>a) Condition of Surface Surrounding Well Cover</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Condition of Flush Mount Well Cover</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Condition of Well Lock</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>77) 2LMW34DS</b>					
<i>a) Condition of Surface Surrounding Well Cover</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Condition of Flush Mount Well Cover</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Condition of Well Lock</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>78) 2WMW38DS</b>					
<i>a) Condition of Protective Casing</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Condition of Well Cover</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Condition of Well Lock</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>d) Condition of Well Protection - Bollards</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>79) 2WMW39DS</b>					
<i>a) Condition of Protective Casing</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Condition of Well Cover</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Condition of Well Lock</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>d) Condition of Well Protection - Bollards</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE		NOTES AND COMMENTS
			NOT RECOMMENDED	RECOMMENDED	
<b>80) 2WMW40DS</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>81) 2WMW41DS</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>82) 2WMW42DS</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>83) 2WMW43DS</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>84) 2WMW44DS</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>85) 2WMW45DS</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>86) 2WMW46DS</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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<b>87) 2WMW47DS</b>					
a) <i>Condition of Protective Casing</i>	■	□	■	□	None.
b) <i>Condition of Well Cover</i>	■	□	■	□	None.
c) <i>Condition of Well Lock</i>	■	□	■	□	None.
d) <i>Condition of Well Protection - Bollards</i>	■	□	■	□	None.
<b>88) 3MW37S</b>					
a) <i>Condition of Protective Casing</i>	■	□	■	□	None.
b) <i>Condition of Well Cover</i>	■	□	■	□	None.
c) <i>Condition of Well Lock</i>	■	□	■	□	None.
d) <i>Condition of Well Protection - Bollards</i>	■	□	■	□	None.
<b>89) 4MW1S</b>					
a) <i>Condition of Protective Casing</i>	■	□	■	□	None.
b) <i>Condition of Well Cover</i>	■	□	■	□	None.
c) <i>Condition of Well Lock</i>	■	□	■	□	None.
d) <i>Condition of Well Protection - Bollards</i>	■	□	■	□	None.

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**Adequacy of O&M at Site:**

(Discuss issues and observations related to the implementation and scope of O&M procedures. In particular, discuss their relationship to the current and long-term protectiveness of the remedy.)

In general, the landfill cap system is in fair condition and is functioning as designed to meet the long-term remedial requirements. There are a few maintenance items that should be addressed this construction season. The maintenance items and other noted deficiencies should be corrected as noted on Table 1-1, Deficiency Log.

**Notes:**

(Discuss and clarify any comments or observations related to this inspection.)

None.

**Deficiencies/Items Requiring Corrections:**

(Discuss all items that were deficient during the inspection. Also provide recommendations for the deficient items - such as continued monitoring and inspection or repair and further remedial action.)

See attached Deficiency Log (Table 1-1) for noted deficiencies and recommended corrective actions.

\_\_\_\_\_  
Timothy D. Nichols, P.E.  
Printed Name of Inspector

\_\_\_\_\_  
Signature of Inspector / Date

**Certification Statement:**

I hereby certify that a complete and thorough inspection and evaluation of the site and implemented remedy has been performed, and that the items noted on this inspection form have been assessed with respect to the intent of the implemented remedy and the remedial action objectives established for the site.

\_\_\_\_\_  
Printed Name of O&M Engineer

\_\_\_\_\_  
Printed Name of NSB-NLON IRP Manager

\_\_\_\_\_  
Signature of O&M Engineer / Date

\_\_\_\_\_  
Signature of NSB-NLON IRP Manager / Date

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Provide additional notes or sketch of site as needed:

See attached site map (Figure 1-1).

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Provide additional notes or sketch as needed:

See attached Site Plan



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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE NOT RECOMMENDED	REPAIR/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>3) Sidetlope Riprap Cap Area</b>					
a) General Condition of Northern Catch Basin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None. Trash and vegetation has been removed.
b) General Condition of Gabion Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Localized Depressions in Riprap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Erosion in Riprap or Adjacent Areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
e) Standing Water - other than above (c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
f) Stability of Slopes and Adjacent Areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
g) Groundwater Monitoring Well Penetrations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
h) Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
i) Presence of Leachate Seeps at Toe of Slope	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Minor leachate breakouts observed at north toe/wetland.
<b>4) Crane Test Pad</b>					
a) General Condition of Concrete Pad	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cracks on pavement observed around corners and sides of pad.
b) Standing Water - other than above (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>5) Drainage Channel A</b>					
a) General Condition of Drainage Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Minor amount of loose vegetation observed in swale and around culverts.
b) Condition of Asphalt Channel Lining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unable to inspect due to snow cover.
c) Situation within Swale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unable to inspect due to snow cover.
d) Invasive Vegetation within Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Some loose vegetation in one portion of swale.
e) Localized Depressions or Heaving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
f) Condition of Culvert 1 Headwall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
g) Condition of Culvert 1 (Elliptical Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Some loose vegetation around pipes.
h) Condition of Culvert 1 Endwall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
i) Condition of Culvert 2 Headwall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
j) Condition of Culvert 2 (Elliptical Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Some loose vegetation around pipes.
k) Condition of Culvert 2 Endwall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>6) Drainage Channel B</b>					
a) General Condition of Drainage Swale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Channel B was not inspected due to lack of access to the deployed parking area.
b) Condition of Asphalt Channel Lining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Situation within Swale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Invasive Vegetation within Swale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e) Localized Depressions or Heaving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f) Condition of ADS Culvert (Parking Entrance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>7) Drainage Channel C</b>					
a) General Condition of Drainage Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Asphalt Channel Lining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unable to inspect due to snow cover.
c) Siltation within Swale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unable to inspect due to snow cover.
d) Invasive Vegetation within Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
e) Localized Depressions or Heaving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
f) Condition of culvert Under Parking Entrance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>8) Drainage Channel D</b>					
a) General Condition of Drainage Swale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Channel D was not inspected due to lack of access to the deployed parking area.
b) Condition of Asphalt Channel Lining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Siltation within Swale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Invasive Vegetation within Swale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e) Localized Depressions or Heaving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>9) Drainage Channel E</b>					
a) General Condition of Drainage Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Asphalt Channel Lining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unable to inspect due to snow cover.
c) Siltation within Swale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unable to inspect due to snow cover.
d) Invasive Vegetation within Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>GAS VENTS</b>					
Only cursory check of Gas Vents was performed. A comprehensive check will be made during the future inspections.					
<b>10) GVR-1</b>					
a) Condition of Gas Vent Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of End Section - 90 Degree Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Riser Protection (HDPE Pipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Concrete Barriers Around Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>11) GVR-2</b>					
a) Condition of Gas Vent Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of End Section - 90 Degree Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Riser Protection (HDPE Pipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Concrete Barriers Around Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>12) GVR-3</b>					
a) Condition of Gas Vent Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of End Section - 90 Degree Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Riser Protection (HDPE Pipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Concrete Barriers Around Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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AREA OF INSPECTION	UNEXPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>13) GVR-4</b>					
a) Condition of Gas Vent Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of End Section - 90 Degree Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Riser Protection ( HDPE Pipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Concrete Barriers Around Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>14) GVR-5</b>					
a) Condition of Gas Vent Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of End Section - 90 Degree Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Riser Protection ( HDPE Pipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Concrete Barriers Around Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>15) GVR-6</b>					
a) Condition of Gas Vent Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of End Section - 90 Degree Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Riser Protection ( HDPE Pipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Concrete Barriers Around Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>16) GVR-7</b>					
a) Condition of Gas Vent Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of End Section - 90 Degree Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Riser Protection ( HDPE Pipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Concrete Barriers Around Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>17) GVR-8</b>					
a) Condition of Gas Vent Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of End Section - 90 Degree Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Riser Protection ( HDPE Pipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Concrete Barriers Around Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>18) GVR-9</b>					
a) Condition of Gas Vent Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of End Section - 90 Degree Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Riser Protection ( HDPE Pipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Concrete Barriers Around Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>19) GVR-10</b>					
a) Condition of Gas Vent Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of End Section - 90 Degree Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Riser Protection ( HDPE Pipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Concrete Barriers Around Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>20) GVR-11</b>					
a) Condition of Gas Vent Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of End Section - 90 Degree Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Riser Protection ( HDPE Pipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Concrete Barriers Around Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>21) GVR-12</b>					
a) Condition of Gas Vent Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of End Section - 90 Degree Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Riser Protection ( HDPE Pipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Concrete Barriers Around Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>22) GVR-13</b>					
a) Condition of Gas Vent Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of End Section - 90 Degree Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Riser Protection ( HDPE Pipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Concrete Barriers Around Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>23) GVR-14</b>					
a) Condition of Gas Vent Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of End Section - 90 Degree Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Riser Protection ( HDPE Pipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Concrete Barriers Around Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>24) GVR-15</b>					
a) Condition of Gas Vent Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of End Section - 90 Degree Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Riser Protection ( HDPE Pipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Concrete Barriers Around Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>25) GVR-16</b>					
a) Condition of Gas Vent Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of End Section - 90 Degree Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Riser Protection ( HDPE Pipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Concrete Barriers Around Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>26) GVR-17</b>					
a) Condition of Gas Vent Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of End Section - 90 Degree Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Riser Protection ( HDPE Pipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Concrete Barriers Around Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>27) GVR-18</b>					
a) Condition of Gas Vent Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of End Section - 90 Degree Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Riser Protection ( HDPE Pipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Concrete Barriers Around Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>28) GVR-19</b>					
a) Condition of Gas Vent Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of End Section - 90 Degree Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Riser Protection ( HDPE Pipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Concrete Barriers Around Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>29) GVR-20</b>					
a) Condition of Gas Vent Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of End Section - 90 Degree Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Riser Protection ( HDPE Pipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Concrete Barriers Around Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>30) GVR-21</b>					
a) Condition of Gas Vent Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of End Section - 90 Degree Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Riser Protection ( HDPE Pipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Concrete Barriers Around Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>31) GVR-22</b>					Inspected during December site visit.
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Riser Protection ( HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Barriers push into asphalt curb (minor damage).
<b>32) GVR-23</b>					
a) Condition of Gas Vent Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of End Section - 90 Degree Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Riser Protection ( HDPE Pipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Concrete Barriers Around Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>33) GVR-24</b>					
a) Condition of Gas Vent Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected. Di d not have access to Deployed Parking Area.
b) Condition of End Section - 90 Degree Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected. Di d not have access to Deployed Parking Area.
c) Condition of Riser Protection ( HDPE Pipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected. Di d not have access to Deployed Parking Area.
d) Condition of Concrete Barriers Around Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected. Di d not have access to Deployed Parking Area.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE NOT RECOMMENDED	REPAIR/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>34) GVR-25</b>					
a) Condition of Gas Vent Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected. Did not have access to Deployed Parking Area.
b) Condition of End Section - 90 Degree Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected. Did not have access to Deployed Parking Area.
c) Condition of Riser Protection ( HDPE Pipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected. Did not have access to Deployed Parking Area.
d) Condition of Concrete Barriers Around Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected. Did not have access to Deployed Parking Area.
<b>35) GVR-26</b>					
a) Condition of Gas Vent Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected. Did not have access to Deployed Parking Area.
b) Condition of End Section - 90 Degree Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected. Did not have access to Deployed Parking Area.
c) Condition of Riser Protection ( HDPE Pipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected. Did not have access to Deployed Parking Area.
d) Condition of Concrete Barriers Around Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected. Did not have access to Deployed Parking Area.
<b>36) GVR-27</b>					
a) Condition of Gas Vent Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected. Did not have access to Deployed Parking Area.
b) Condition of End Section - 90 Degree Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected. Did not have access to Deployed Parking Area.
c) Condition of Riser Protection ( HDPE Pipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected. Did not have access to Deployed Parking Area.
d) Condition of Concrete Barriers Around Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected. Did not have access to Deployed Parking Area.
Only cursory check of the wells was performed during the December site visit. A comprehensive check will be made during the next inspections. A portion of the wells were inspected during the October 2004 sampling round and are noted accordingly.					
<b>37) 1MW2S</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>38) 2LMW7S</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>39) 2LMW7D</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>40) 2LMW8S</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>41) 2LMW8D</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>42) 2LMW9D</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>43) 2LMW13S</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>44) 2LMW13D</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>45) 2LMW14D</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>46) 2LMW14D</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>47) 2LMW17D</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>48) 2LMW18S</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>49) 2LMW18D</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>50) 2LMW19S</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Well Protection - Bollards					
<b>51) 2LMW19D</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>52) 2LMW20S</b>					Inspected during December 2004 site visit.
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant damage around well cover.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No well cover present.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Well lock damaged and not working
<b>53) 2LMW20D</b>					Inspected during December 2004 site visit.
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant damage around well cover.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No well cover present.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Well lock damaged and not working
<b>54) 3MW12D (Abandoned/Replaced)</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Well Protection - Bollards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>55) 2WMW21S</b>					Inspected during October 2004 Sampling Round.
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>56) 2WMW21D</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Well Protection - Bollards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>57) 2WMW3S</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Well Protection - Bollards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>58) 2WMW3D</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Well Protection - Bollards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>59) 2LOW1S</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>60) 2LOW1D</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>61) 2LOW2S</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>62) 2LOW3S</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>63) 2LOW4S</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
64) 2LPW1S					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
65) 2LMW28DS					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
66) 2LMW28F					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
67) 2LMW29A					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
68) 2LMW29F					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69) 2LMW30DS					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
70) 2LMW30F					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
71) 2LMW31DS					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>72) 2LMW32DS</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>73) 2LMW32F</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>74) 2LMW32B</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>75) 2LMW39DS</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>76) 2LMW39F</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>77) 2LMW34DS</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>78) 2VDMW38DS</b>					Inspected during October 2004 Sampling Round.
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bullards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>79) 2VDMW39DS</b>					Inspected during October 2004 Sampling Round.
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bullards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>80) 2WMW40DS</b>					Inspected during October 2004 Sampling Round.
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>81) 2WMW41DS</b>					Inspected during October 2004 Sampling Round.
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Standing water observed around well pad.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>82) 2WMW42DS</b>					Inspected during October 2004 Sampling Round.
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Some gravel missing from around well and presence of standing water.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>83) 2WMW43DS</b>					Inspected during October 2004 Sampling Round.
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Standing water observed around pad.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>84) 2WMW44DS</b>					Inspected during October 2004 Sampling Round.
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gravel eroded away and standing water present.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>85) 2WMW45DS</b>					Inspected during October 2004 Sampling Round.
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>86) 2WMW46DS</b>					Inspected during October 2004 Sampling Round.
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gravel eroded away and standing water present.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
87) 2WMW47DS					Inspected during October 2004 Sampling Round.
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gravel eroded away and sanding water present.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
88) 3MW37S					Inspected during December 2004 site visit.
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Some gravel missing from gravel box. Soil beneath box has washed away.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
89) 4MW1S					Inspected during December 2004 site visit.
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Slight Lean to Standpipe. Well still accessible.
b) Condition of Standpipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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**Adequacy of O&M at Site:**

(Discuss items and observations related to the implementation and scope of O&M procedures. In particular, discuss their relationship to the current and long-term protectiveness of the remedy.)

In general, the landfill cap system is in fair condition and is functioning as designed to meet the long-term remedial requirements. There are a few maintenance items that should be addressed this construction season.

**Notes:**

(Discuss and clarify any comments or observations related to this inspection.)

None.

**Deficiencies/Items Requiring Corrections:**

(Discuss all items that were deficient during the inspection. Also provide recommendations for the deficient items - such as continued monitoring and inspection or repair and further remedial action.)

Scott W. Harding, P.E.  
Printed Name of Inspector

*Scott Harding* 8/25/05  
Signature of Inspector / Date

**Certification Statement:**

I hereby certify that a complete and thorough inspection and evaluation of the site and implemented remedy has been performed, and that the items noted on this inspection form have been assessed with respect to the intent of the implemented remedy and the remedial action objectives established for the site.

Printed Name of O&M Engineer

*Robert J. Tera*

Digitally signed by Robert J. Tera  
Date: 2005.09.12 08:55:22 -0400

Signature of O&M Engineer / Date

Richard D. Conant Jr.  
Printed Name of NSB-NLON IRP Manager

*Richard D. Conant Jr.*

Signature of NSB-NLON IRP Manager / Date

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Provide additional notes or sketch as needed:

See attached Site Plan



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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE NOT RECOMMENDED	REPAIR/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>3) Side Slope Riprap Cap Area</b>					
a) General Condition of Northern Catch Basin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) General Condition of Gabion Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Good.
c) Localized Depressions in Riprap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Erosion in Riprap or Adjacent Areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
e) Standing Water - other than above (c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
f) Stability of Slopes and Adjacent Areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
g) Groundwater Monitoring Well Penetrations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
h) Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
i) Presence of Leachate Seeps at Toe of Slope	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>4) Crane Test Pad</b>					
a) General Condition of Concrete Pad	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant crack around pad with vegetation growing in it.
b) Standing Water - other than above (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>STORM WATER FEATURES</b>					
<b>5) Drainage Channel A</b>					
a) General Condition of Drainage Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Situation noted.
b) Condition of Asphalt Channel Lining	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Situation within Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Situation noted, needs to be addressed.
d) Invasive Vegetation within Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Signs of invasive vegetation noted.
e) Localized Depressions or Heaving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
f) Condition of Culvert 1 Headwall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
g) Condition of Culvert 1 (Elliptical Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
h) Condition of Culvert 1 Endwall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Some vegetation and silt buildup around pipe.
i) Condition of Culvert 2 Headwall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sediment build up needs regular maintenance.
j) Condition of Culvert 2 (Elliptical Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Some vegetation and silt buildup around pipe.
k) Condition of Culvert 2 Endwall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sediment build up remains
<b>6) Drainage Channel B</b>					
a) General Condition of Drainage Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Asphalt Channel Lining	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Invasive vegetation noted.
c) Situation within Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Situation noted in swale.
d) Invasive Vegetation within Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vegetation noted growing through pavement.
e) Localized Depressions or Heaving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
f) Condition of ADS Culvert (Parking Entrance)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Overgrown with vegetation but open to flow.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>7) Drainage Channel C</b>					
a) General Condition of Drainage Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Siltation needs to be removed.
b) Condition of Asphalt Channel Lining	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Siltation within Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Siltation in swale is causing ponding, needs to be removed.
d) Invasive Vegetation within Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Recently cut back.
e) Localized Depressions or Heaving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
f) Condition of culvert Under Parking Entrance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>8) Drainage Channel D</b>					
a) General Condition of Drainage Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Over grown with vegetation.
b) Condition of Asphalt Channel Lining	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	None.
c) Siltation within Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	None.
d) Invasive Vegetation within Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Invasive vegetation noted.
e) Localized Depressions or Heaving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	None.
<b>9) Drainage Channel E</b>					
a) General Condition of Drainage Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Asphalt Channel Lining	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Siltation within Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reddish color to drainage flow.
d) Invasive Vegetation within Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Some.
<b>GAS VENTS</b>					
<b>10) GVR-1</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No screen.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>11) GVR-2</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No screen.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>12) GVR-3</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No screen.
c) Condition of Riser Protection (HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>13) GVR-4</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No screen.
c) Condition of Riser Protection ( HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>14) GVR-5</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No screen.
c) Condition of Riser Protection ( HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>15) GVR-6</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No screen.
c) Condition of Riser Protection ( HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>16) GVR-7</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No screen.
c) Condition of Riser Protection ( HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>17) GVR-8</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No screen.
c) Condition of Riser Protection ( HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Appears to have been moved based on mark in asphalt.
<b>18) GVR-9</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No screen.
c) Condition of Riser Protection ( HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vegetation growing around and under barriers.
<b>19) GVR-10</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No screen.
c) Condition of Riser Protection ( HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Needs one more barrier.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE NOT RECOMMENDED	REPAIR/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>20) GVR-11</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No screen.
c) Condition of Riser Protection ( HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Only two sides protected, should protect parking side.
<b>21) GVR-12</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No screen.
c) Condition of Riser Protection ( HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>22) GVR-13</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No screen.
c) Condition of Riser Protection ( HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Crack in pavement within 3 barriers with vegetation growth.
<b>23) GVR-14</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No screen.
c) Condition of Riser Protection ( HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Many cracks in asphalt with vegetation growing through.
<b>24) GVR-15</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No screen.
c) Condition of Riser Protection ( HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>25) GVR-16</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No screen.
c) Condition of Riser Protection ( HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Guano on plastic barrel.
<b>26) GVR-17</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No screen.
c) Condition of Riser Protection ( HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE NOT RECOMMENDED	REPAIR/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>27) GVR-18</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No screen.
c) Condition of Riser Protection ( HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>28) GVR-19</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No screen.
c) Condition of Riser Protection ( HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>29) GVR-20</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No screen.
c) Condition of Riser Protection ( HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>30) GVR-21</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No screen.
c) Condition of Riser Protection ( HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>31) GVR-22</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No screen.
c) Condition of Riser Protection ( HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vegetation growing, asphalt burn is broken.
<b>32) GVR-23</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No screen.
c) Condition of Riser Protection ( HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>33) GVR-24</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No screen.
c) Condition of Riser Protection ( HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE NOT RECOMMENDED	REPAIR/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>34) GVR-25</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No screen.
c) Condition of Riser Protection ( HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>35) GVR-26</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No screen.
c) Condition of Riser Protection ( HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>36) GVR-27</b>					
a) Condition of Gas Vent Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tree growing adjacent to vent.
b) Condition of End Section - 90 Degree Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No screen.
c) Condition of Riser Protection ( HDPE Pipe)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Concrete Barriers Around Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>MONITORING WELLS</b>					
<b>37) 1MW2S</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected, possibly buried under barrier.
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>38) 2LMW7S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vegetative growth and seed on portion of well cover.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Missing bolt.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>39) 2LMW7D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Steel cover loose and pulled up.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>40) 2LMW8S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Area around well is damaged.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Well is damaged, needs to be abandoned.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE NOT RECOMMENDED	REPAIR/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>41) 2LMW8D</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to obstructions covering the well
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>42) 2LMW9D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Loose bolt.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>43) 2LMW13S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Some sediment building up on top.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Some sediment building up on top.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>44) 2LMW13D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vegetative growth at interface with pavement.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Missing bolt, coming up ajar.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>45) 2LMW14D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>46) 2LMW7S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>47) 2LMW17D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concrete is broken.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>48) 2LMW18S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Covered with sediment, concrete is cracked.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Covered with sediment.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE NOT RECOMMENDED	REPAIR/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>49) 2LMW18D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water puddle on concrete.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Steel plate missing, cover loose, exposed to weather.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>50) 2LMW19S</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Paint speckled with rust.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cover jammed on with rope underneath.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	None noted, rope trailing out of casing.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>51) 2LMW19D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rust patches noted.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lock is rusty.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>52) 2LMW20S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Replaced in depression.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Partially under water.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>53) 2LMW20D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Area around well is damaged.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No cover present, well is exposed to weather.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>54) 3MW12D (Abandoned/Replaced)</b>					
a) Condition of Protective Casing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well is abandoned.
b) Condition of Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Well Protection - Bollards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>55) 2WMW21S</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE NOT RECOMMENDED	REPAIR/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>56) 2WMW21D</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Well cover is loose.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Well lock is broken.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>57) 2WMW3S</b>					
a) Condition of Protective Casing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected, unable to locate, possibly buried under growth.
b) Condition of Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Well Protection - Bollards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>58) 2WMW3D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>59) 2LOW1S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Partially buried under wooden pallet.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Partially buried under wooden pallet.
c) Condition of Well Lock	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>60) 2LOW1D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Under water some siltation noted unable to fully inspect.
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>61) 2LOW2S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Under wooden pallets, unable to fully inspect.
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>62) 2LOW3S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Well cover is uneven and inside is partially up.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>63) 2LOW4S</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Under wooden pallets with sandbags, unable to inspect.
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE NOT RECOMMENDED	REPAIR/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>64) 2LPW15</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In area of wood storage.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>65) 2LMW28DS</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well not found, many items stored in this area.
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>66) 2LMW28F</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Well is under water and sediment, vegetative growth covering area around and on well cover.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>67) 2LMW29A</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Small puddle noted on the concrete.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>68) 2LMW29F</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>69) 2LMW30DS</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Located behind garbage dumpster.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>70) 2LMW30F</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Well is partially covered by garbage dumpster.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>71) 2LMW31DS</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS MAINTENANCE NOT RECOMMENDED	REPAIRS MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>72) 2LMW32DS</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vegetative growth around concrete edge.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>73) 2LMW32F</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vegetative growth around well cover.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>74) 2LMW32B</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vegetative growth around well cover.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>76) 2LMW39F</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>77) 2LMW34DS</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>78) 2WMW38DS</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rusty.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lock is in good condition.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>79) 2WMW39DS</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rusty.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lock is in good condition.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.

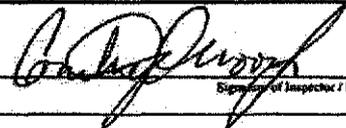
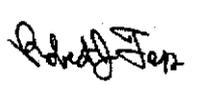
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<b>#0) 2WMW40DS</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rusty.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lock in good condition.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>#1) 2WMW41DS</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rusty.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lock in good condition.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>#2) 2WMW42DS</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rusty.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lock in good condition.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>#3) 2WMW43DS</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Minor rust noted.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lock in good condition.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>#4) 2WMW44DS</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rusty.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lock in good condition.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>#5) 2WMW45DS</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rusty.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lock in good condition.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>#6) 2WMW46DS</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rusty.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lock in good condition.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.

**INSPECTION CHECKLIST**  
**SITE 2 - Area A Landfill**  
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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE NOT RECOMMENDED	REPAIR/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>87) 2WMW47DS</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rusty.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lock in good condition.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>88) 3MW37S</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rusty.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock					Lock in good condition.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>89) 4MW1S</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Paint is chipping.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lock is in good condition.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.

INSPECTION CHECKLIST  
SITE 2 - Area A Landfill  
Page 15 of 16

<b>Adequacy of O&amp;M at Site:</b> Overall O&M practices at the site are sufficient. Current practices should be sufficient to maintain the effectiveness of the remedy.	
<b>Notes:</b> As described in checklist above.	
<b>Deficiencies/Items Requiring Corrections:</b> Cocks in the asphalt cap should be filled and sealed on an annual basis. Vegetation and sediment should be removed from the swale and culvert areas to maintain proper drainage throughout the site. There were no screens noted on any gas vents. Screens should be added to prevent animals from inhabiting the vents as shelters. Flush mount monitoring wells reportedly do not have locks. Equipment should be stored in a manner that utilizes protective surfaces to prevent damage to the asphalt surface.	
Courtesy D. Moore, Jr., P.E. Printed Name of Inspector	 Signature of Inspector / Date
<b>Certification Statement:</b> I hereby certify that a complete and thorough inspection and evaluation of the site and implemented remedy has been performed, and that the items noted on this inspection form have been assessed with respect to the intent of the implemented remedy and the remedial action objectives established for the site.	
Robert J. Tess, Printed Name of O&M Engineer	Richard D. Conant Jr. Printed Name of NSB-NLON IRP Manager
 Signature of O&M Engineer / Date	 Signature of NSB-NLON IRP Manager / Date

INSPECTION CHECKLIST  
SITE 2 - Area A Landfill  
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Provide additional notes or sketch as needed:

See attached Site Plan

## **A.2 DRMO**

**INSPECTION CHECKLIST  
SITE 6 - DRMO**

SITE NAME: Site 6 - DRMO (OU2)  
 EPA ID: CTD980906515  
 SITE LOCATION: New London County, CT  
 EPA REGION: Region I  
 REMEDY AT SITE: Landfill Cover, Institutional Controls, Monitoring

DATE: 11-Jul-2003  
 INSPECTOR/COMPANY: Tim Nichols, P.E. / ECC

WEATHER CONDITIONS: Temperature: 70°F  
 Weather: Rain  
 Other: NA

TYPE OF INSPECTION:  Annual Inspection  
 Post-Major Weather Event Inspection  
 Re-inspection of Deficient Items  
 Other

AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE		NOTES AND COMMENTS
			RECOMMENDED	RECOMMENDED	
<b>SECURITY</b>					
1) Security Fencing					
a) East Perimeter Fence along Rail Road Tracks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Invasive vegetation growing through fence.
b) South Perimeter Fence along Storm Discharge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Invasive vegetation growing through fence.
c) Locked Entrance or Secure Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) No Trespassing and Security Signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
e) Indications of Vandalism or Trespassing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>PAVEMENT</b>					
2) Asphalt Cap Area					
a) General Condition of Asphalt Pavement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pavement in good condition.
b) Level or Designed Slope Within Pavement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Item 2g.
c) Cracks in Pavement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Erosion in Pavement or Adjacent Areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
e) Holes/Penetrations in Asphalt Surface	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sinkhole immediately south of cap area and depressions further south.
f) Bulges in Asphalt Surface	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
g) Standing Water - other than above (f)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Standing water along west perimeter due to sedimentation of jersey barriers.
h) Stability of Slopes and Adjacent Areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
i) Groundwater Monitoring Well Penetrations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unable to inspect some wells located beneath standing water.
j) Damage to Pavement Caused by DRMO Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
k) Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>DRAINAGE SWALES</b>					
3) Drainage Swale					
a) General Condition of Western Drainage Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low flow in swale.
b) Condition of 2-inch Gravel Lining	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Good condition.
c) Amount of Siltation within Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

**SITE 6 - DRMO  
INSPECTION CHECKLIST**

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE NOT RECOMMENDED	REPAIR/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>4) Concrete Catch Basin</b>					
a) General Condition of Northern Catch Basin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CB in good condition. Vegetation should be removed.
b) Condition of Grate Assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Amount of Siltation within Catch Basin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>5) Culvert Outfall</b>					
a) General Condition of Discharge Pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unable to inspect due to tidal conditions (pipe submerged).
b) Amount of Siltation within Pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unable to inspect due to tidal conditions (pipe submerged).
c) Condition of Outlet Flare and Riprap Outfall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Riprap in good condition.
<b>6) Thames River Riprap</b>					
a) General Condition of Riprap Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Riprap in good condition.
<b>MONITORING WELLS</b>					
<b>7) 6MW1S</b>					
a) Condition of Protective Casing/Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	To be re-inspected during annual sampling event in August 2003.
b) Condition of Well Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	To be re-inspected during annual sampling event in August 2003.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	To be re-inspected during annual sampling event in August 2003.
d) Condition of Well Concrete Pad	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	To be re-inspected during annual sampling event in August 2003.
<b>8) 6MW2S</b>					
a) Condition of Protective Casing/Riser	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well submerged in standing water, to be inspected during annual sampling event.
b) Condition of Well Cover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well submerged in standing water, to be inspected during annual sampling event.
c) Condition of Well Lock	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well submerged in standing water, to be inspected during annual sampling event.
d) Condition of Well Concrete Pad	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well submerged in standing water, to be inspected during annual sampling event.
<b>9) 6MW2D</b>					
a) Condition of Protective Casing/Riser	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well submerged in standing water, to be inspected during annual sampling event.
b) Condition of Well Cover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well submerged in standing water, to be inspected during annual sampling event.
c) Condition of Well Lock	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well submerged in standing water, to be inspected during annual sampling event.
d) Condition of Well Concrete Pad	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well submerged in standing water, to be inspected during annual sampling event.
<b>10) 6MW3S (Abandoned near 6MW11S)</b>					
a) Condition of Surface Surrounding Location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>11) 6MW3D (Abandoned near 6MW11D)</b>					
a) Condition of Surface Surrounding Location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

**SITE 6 - DRMO  
INSPECTION CHECKLIST**

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE		NOTES AND COMMENTS
			NOT RECOMMENDED	RECOMMENDED	
<b>12) 6MW4</b>					
a) Condition of Protective Casing/Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	To be re-inspected during annual sampling event in August 2003.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	To be re-inspected during annual sampling event in August 2003.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	To be re-inspected during annual sampling event in August 2003.
d) Condition of Well Concrete Pad	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	To be re-inspected during annual sampling event in August 2003.
<b>13) 6MW55</b>					
a) Condition of Protective Casing/Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To be inspected during annual sampling event in August 2003.
b) Condition of Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To be inspected during annual sampling event in August 2003.
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To be inspected during annual sampling event in August 2003.
d) Condition of Well Concrete Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To be inspected during annual sampling event in August 2003.
<b>14) 6MW5D</b>					
a) Condition of Protective Casing/Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To be inspected during annual sampling event in August 2003.
b) Condition of Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To be inspected during annual sampling event in August 2003.
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To be inspected during annual sampling event in August 2003.
d) Condition of Well Concrete Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To be inspected during annual sampling event in August 2003.
<b>15) 6MW6S</b>					
a) Condition of Protective Casing/Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To be inspected during annual sampling event in August 2003.
b) Condition of Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To be inspected during annual sampling event in August 2003.
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To be inspected during annual sampling event in August 2003.
d) Condition of Well Concrete Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To be inspected during annual sampling event in August 2003.
<b>16) 6MW6D</b>					
a) Condition of Protective Casing/Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To be inspected during annual sampling event in August 2003.
b) Condition of Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To be inspected during annual sampling event in August 2003.
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To be inspected during annual sampling event in August 2003.
d) Condition of Well Concrete Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To be inspected during annual sampling event in August 2003.
<b>17) 6MW7S</b>					
a) Condition of Protective Casing/Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To be inspected during annual sampling event in August 2003.
b) Condition of Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To be inspected during annual sampling event in August 2003.
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To be inspected during annual sampling event in August 2003.
d) Condition of Well Concrete Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To be inspected during annual sampling event in August 2003.

**SITE 6 - DRMO  
INSPECTION CHECKLIST**

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE		NOTES AND COMMENTS
			NOT RECOMMENDED	RECOMMENDED	
<b>18) 6MW8S</b>					
<i>a) Condition of Protective Casing/Riser</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	To be re-inspected during annual sampling event in August 2003.
<i>b) Condition of Well Cover</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	To be re-inspected during annual sampling event in August 2003.
<i>c) Condition of Well Lock</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	To be re-inspected during annual sampling event in August 2003.
<i>d) Condition of Well Concrete Pad</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	To be re-inspected during annual sampling event in August 2003.
<b>19) 6MW9S</b>					
<i>a) Condition of Surface Surrounding Well Cover</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	To be re-inspected during annual sampling event in August 2003.
<i>b) Condition of Flush Mount Well Cover</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	To be re-inspected during annual sampling event in August 2003.
<i>c) Condition of Well Lock</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	To be re-inspected during annual sampling event in August 2003.
<b>20) 6MW10S</b>					
<i>a) Condition of Surface Surrounding Well Cover</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well submerged in standing water, to be inspected during annual sampling event.
<i>b) Condition of Flush Mount Well Cover</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well submerged in standing water, to be inspected during annual sampling event.
<i>c) Condition of Well Lock</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well submerged in standing water, to be inspected during annual sampling event.
<b>21) 6MW10D</b>					
<i>a) Condition of Surface Surrounding Well Cover</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well submerged in standing water, to be inspected during annual sampling event.
<i>b) Condition of Flush Mount Well Cover</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well submerged in standing water, to be inspected during annual sampling event.
<i>c) Condition of Well Lock</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well submerged in standing water, to be inspected during annual sampling event.
<b>22) 6MW11S</b>					
<i>a) Condition of Surface Surrounding Well Cover</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well submerged in standing water, to be inspected during annual sampling event.
<i>b) Condition of Flush Mount Well Cover</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well submerged in standing water, to be inspected during annual sampling event.
<i>c) Condition of Well Lock</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well submerged in standing water, to be inspected during annual sampling event.
<b>23) 6MW11D</b>					
<i>a) Condition of Surface Surrounding Well Cover</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well submerged in standing water, to be inspected during annual sampling event.
<i>b) Condition of Flush Mount Well Cover</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well submerged in standing water, to be inspected during annual sampling event.
<i>c) Condition of Well Lock</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well submerged in standing water, to be inspected during annual sampling event.

**SITE 6 - DRMO  
INSPECTION CHECKLIST**

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**Adequacy of O&M at Site:**

(Discuss issues and observations related to the implementation and scope of O&M procedures. In particular, discuss their relationship to the current and long-term protectiveness of the remedy.)

In general, the landfill cap system is in good condition and is functioning as designed to meet the long-term remedial requirements. Some maintenance related deficiencies should be corrected this construction season as noted in Table 1-1, Deficiency Log.

**Notes:**

(Discuss and clarify any comments or observations related to this inspection.)

None.

**Deficiencies/Items Requiring Corrections:**

(Discuss all items that were deficient during the inspection. Also provide recommendations for the deficient items - such as continued monitoring and inspection or repair and further remedial action.)

See attached Deficiency Log (Table 1-1) for recommended corrective actions.

Timothy D. Nichols, P.E.  
Printed Name of Inspector

  
Signature of Inspector / Date

**Certification Statement:**

I hereby certify that a complete and thorough inspection and evaluation of the site and implemented remedy has been performed, and that the items noted on this inspection form have been assessed with respect to the intent of the implemented remedy and the remedial action objectives established for the site.

Printed Name of O&M Engineer

Printed Name of NSB-NLON IRP Manager

Signature of O&M Engineer / Date

Signature of NSB-NLON IRP Manager / Date

**SITE 6 - DRMO  
INSPECTION CHECKLIST**  
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Provide additional notes or sketch of site as needed:

See attached site map (Figure I-1).

**INSPECTION CHECKLIST**  
**SITE 6 - DRMO**  
 Page 1 of 6

SITE NAME: Site 6 - DRMO (OU2)  
 EPA ID: CTD980906515  
 SITE LOCATION: New London County, CT  
 EPA REGION: Region 1  
 REMEDY AT SITE: Landfill Cover, Institutional Control, Monitoring

Inspection Date: December 29, 2004  
 INSPECTOR/COMPANY

Scott Harding, P.E. / Nobis

WEATHER CONDITIONS: Temperature: 45-F  
 Weather: Overcast  
 Other: NA

TYPE OF INSPECTION:  Annual Inspection  
 Post-Major Weather Event Inspection  
 Re-Inspection of Deficient Items  
 Other

AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE		NOTES AND COMMENTS
			NOT RECOMMENDED	RECOMMENDED	
<b>1) Security Fencing</b>					
a) East Perimeter Fence along Rail Road Tracks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fence in good condition. Vegetation adequately removed.
b) South Perimeter Fence along Storm Discharge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fence in good condition. Vegetation adequately removed.
c) Locked Entrance or Secure Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) No Trespassing and Security Signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Signs present on fence at entrance to DRMO
e) Indications of Vandalism or Trespassing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>2) Asphalt Cap Area</b>					
a) General Condition of Asphalt Pavement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pavement in good condition.
b) Level or Designed Slope Within Pavement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Build up of sediment observed along northwestern portion of site. Sediment should be removed. Depressions were observed around well 6MW11D.
c) Cracks in Pavement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	One area noted with cracks in pavement/concrete (around well 6MW11D).
d) Erosion on Pavement or Adjacent Areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
e) Holes/Penetrations in Asphalt Surface	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Previous conditions not observed due to snow cover.
f) Bulges in Asphalt Surface	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
g) Standing Water - other than above (f)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
h) Stability of Slopes and Adjacent Areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
i) Groundwater Monitoring Penetrations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Depressions observed around 6MW11S and 6MW11D. Should be repaired.
j) Damage to Pavement Caused by DRMO Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Small area of damaged pavement along western boundary of site. Should be repaired.
k) Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>3) Drainage Swale</b>					
a) General Conditions of Western Drainage Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Small brush pile observed in swale.
b) Condition of 2-inch Gravel Lining	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Amount of Siltation within Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

**INSPECTION CHECKLIST**  
**SITE 6 - DRMO**  
 Page 2 of 6

AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>4) Concrete Catch Basin</b>					
a) <i>General Condition of Northern Catch Basin</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Catch basin in good condition.
b) <i>Condition of Grate Assembly</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) <i>Amount of Siltation within Catch Basin</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>5) Culvert Outfall</b>					
a) <i>General Condition of Discharge Pipe</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Discharge pipe in good condition.
b) <i>Amount of Siltation within Pipe</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) <i>Condition of Outlet Flare and Riprap Outfall</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Riprap in good condition.
<b>6) Thames River Riprap</b>					
a) <i>General Condition of Riprap Protection</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Riprap in good condition.
<b>7) 6MW1S</b>					
a) <i>Condition of Protective Casing/Riser</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) <i>Condition of Well Cover</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) <i>Condition of Well Lock</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) <i>Condition of Well Concrete Pad</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>8) 6MW2S</b>					
a) <i>Condition of Protective Casing/Riser</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) <i>Condition of Well Cover</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) <i>Condition of Well Lock</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) <i>Condition of Well Concrete Pad</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>9) 6MW2D</b>					
a) <i>Condition of Protective Casing/Riser</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Casing leans slightly to west. Can still be sampled if needed.
b) <i>Condition of Well Cover</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) <i>Condition of Well Lock</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) <i>Condition of Well Concrete Pad</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>10) 6MW3S (Abandoned near 6MW11S)</b>					
a) <i>Condition of Surface Surrounding Location</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>11) 6MW3D (Abandoned near 6MW11D)</b>					
a) <i>Condition of Surface Surrounding Location</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

**INSPECTION CHECKLIST**  
**SITE 6 - DRMO**  
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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>12) 6MW4</b>					
<i>a) Condition of Protective Casing/Riser</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
<i>b) Condition of Well Cover</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
<i>c) Condition of Well Lock</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
<i>d) Condition of Well Concrete Pad</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
<b>13) 6MW55</b>					
<i>a) Condition of Protective Casing/Riser</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
<i>b) Condition of Well Cover</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
<i>c) Condition of Well Lock</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
<i>d) Condition of Well Concrete Pad</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
<b>14) 6MW5D</b>					
<i>a) Condition of Protective Casing/Riser</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
<i>b) Condition of Well Cover</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
<i>c) Condition of Well Lock</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
<i>d) Condition of Well Concrete Pad</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
<b>15) 6MW6S</b>					
<i>a) Condition of Protective Casing/Riser</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
<i>b) Condition of Well Cover</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
<i>c) Condition of Well Lock</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
<i>d) Condition of Well Concrete Pad</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
<b>16) 6MW6D</b>					
<i>a) Condition of Protective Casing/Riser</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
<i>b) Condition of Well Cover</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
<i>c) Condition of Well Lock</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
<i>d) Condition of Well Concrete Pad</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
<b>17) 6MW7S</b>					
<i>a) Condition of Protective Casing/Riser</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
<i>b) Condition of Well Cover</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
<i>c) Condition of Well Lock</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
<i>d) Condition of Well Concrete Pad</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event

**INSPECTION CHECKLIST**  
**SITE 6 - DRMO**  
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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>18) 6MW8S</b>					
a) Condition of Protective Casing/Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
b) Condition of Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
d) Condition of Well Concrete Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
<b>19) 6MW9S</b>					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
					Not inspected due to equipment and/or snow cover. To be inspected during annual sampling event
<b>20) 6MW10S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Crack in pavement and patch for old test boring to north of 6MW10S. Should be repaired
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>21) 6MW10D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>22) 6MW11S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sinkhole observed around well cover. Area not flush with ground surface
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Well covers requires repair.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>23) 6MW11D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sinkhole observed around well cover. Area not flush with ground surface
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Well covers requires repair.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

INSPECTION CHECKLIST  
SITE 6 - DRMO  
Page 5 of 6

<b>Adequacy of O&amp;M at Site:</b> (Discuss issues and observations related to the implementation and scope of O&M procedures. In particular, discuss their relationship to the current and long-term protectiveness of the remedy.)  In general, the landfill cap system is in good condition and is functioning as designed to meet the long-term remedial requirements. Some maintenance related deficiencies should be corrected as noted above.	
<b>Notes:</b> (Discuss and clarify any comments or observations related to this inspection.)  None.	
<b>Deficiencies/Items Requiring Corrections:</b> (Discuss all items that were deficient during the inspection. Also provide recommendations for the deficient items - such as continued monitoring and inspection or repair and further remedial action.)	
Scott W. Harding, P.E. Printed Name of Inspector	<i>Scott Harding</i> 8/30/05 Signature of Inspector / Date
<b>Certification Statement:</b> I hereby certify that a complete and thorough inspection and evaluation of the site and implemented remedy has been performed, and that the items noted on this inspection form have been assessed with respect to the intent of the implemented remedy and the remedial action objectives established for the site.	
Richard D. Conant Jr. Printed Name of O&M Engineer	<i>Richard D. Conant Jr.</i> Printed Name of NSB-NLON IRP Manager
<i>Robert J. Tees</i> Signature of O&M Engineer / Date	Digitally signed by Robert J. Tees Date: 2005.09.12 08:09:28 -04'00'
	<i>Michael D. Conant Jr.</i> 9/15/05 Signature of NSB-NLON IRP Manager / Date

INSPECTION CHECKLIST  
SITE 6 - DRMO  
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Provide additional notes or sketch as needed:

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**INSPECTION CHECKLIST**  
**SITE 6 - DRMO**  
 Page 1 of 6

SITE NAME: Site 6 - DRMO (OU2)  
 EPA ID: CID980906515  
 SITE LOCATION: New London County, CT  
 EPA REGION: Region 1  
 REMEDY AT SITE: Landfill Cover, Institutional Control, Monitoring

Date: October 11, 2005  
 INSPECTOR/COMPANY

Courtney D. Moore, Jr., P.E. / Nobis Engineering, Inc.

**WEATHER CONDITIONS:**

Temperature: 60 °F  
 Weather: Overcast  
 Other: NA

**TYPE OF INSPECTION:**

- Annual Inspection
- Post-Major Weather Event Inspection
- Re-Inspection of Deficient Items
- Other

AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE NOT RECOMMENDED	REPAIR/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>ADDITIONAL CONTROLS</b>					
<b>1) Security Fencing</b>					
a) East Perimeter Fence along Rail Road Tracks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) South Perimeter Fence along Storm Discharge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Locked Entrance or Secure Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) No Trespassing and Security Signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Signs only read "Warning Authorized Personnel Only".
e) Indications of Vandalism or Trespassing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>CAP AREAS</b>					
<b>2) Asphalt Cap Area</b>					
a) General Condition of Asphalt Pavement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Minor cracks observed in cap area.
b) Level or Designed Slope Within Pavement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Many depressions in pavement near jersey barriers.
c) Cracks in Pavement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Minor cracks observed in cap area.
d) Erosion on Pavement or Adjacent Areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Two recently filed areas.
e) Holes/Penetrations in Asphalt Surface	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
f) Bulges in Asphalt Surface	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concrete in asphalt near MW 10D.
g) Standing Water - other than above (h)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Puddle over repaired crack in pavement and along length of concrete barrier. Puddle along jersey barriers.
h) Stability of Slopes and Adjacent Areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
i) Groundwater Monitoring Penetrations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
j) Damage to Pavement Caused by DRMO Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes, roll-offs are causing pooping of pavement.
k) Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>STORM WATER FEATURES</b>					
<b>3) Drainage Swale</b>					
a) General Conditions of Western Drainage Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Drainage swale is in good condition.
b) Condition of 2-inch Gravel Lining	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lining is in good condition.
c) Amount of Siltation within Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None noted.

AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE NOT RECOMMENDED	REPAIR/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>4) Concrete Catch Basin</b>					
a) General Condition of Northern Catch Basin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Generally in good condition.
b) Condition of Gravel Assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Amount of Siltation within Catch Basin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approximately 8 inches of sediment.

INSPECTION CHECKLIST  
SITE 6 - DRMO  
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<b>5) Culvert Outfall</b>					
a) General Condition of Discharge Pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Generally in good condition.
b) Amount of Sediment within Pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Chute Flare and Riprap Outfall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>6) Thruway River Riprap</b>					
a) General Condition of Riprap Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fraxinus growing along gravel river side of jersey barriers.
<b>MONITORING WELLS</b>					
<b>7) 6MW1S</b>					
a) Condition of Protective Casing/Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rusty.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rusty.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lock is in good condition.
d) Condition of Well Concrete Pad	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cracking partially covered.
<b>8) 6MW2S</b>					
a) Condition of Protective Casing/Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rusty.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rusty.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lock is in good condition.
d) Condition of Well Concrete Pad	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Covered by vegetative growth.
<b>9) 6MW2D</b>					
a) Condition of Protective Casing/Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Slightly bent but does not interfere with sampling activities. Possibly hit by sewage dumpsters.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Concrete Pad	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Covered by gravel and vegetative.
<b>10) 6MW3S (Abandoned near 6MW11S)</b>					
a) Condition of Surface Surrounding Location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Generally in good condition.
<b>11) 6MW3D (Abandoned near 6MW11D)</b>					
a) Condition of Surface Surrounding Location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Generally in good condition.

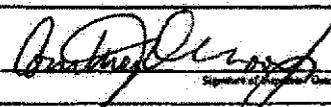
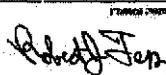
INSPECTION CHECKLIST  
SITE 6 - DRMO  
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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE NOT RECOMMENDED	REPAIR/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>12) 6MW4S</b>					
a) Condition of Protective Casing/Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unable to locate.
b) Condition of Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Well Concrete Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>13) 6MW5S</b>					
a) Condition of Protective Casing/Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unable to locate.
b) Condition of Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Well Concrete Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>14) 6MW5D</b>					
a) Condition of Protective Casing/Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unable to locate.
b) Condition of Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Well Concrete Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>15) 6MW6S</b>					
a) Condition of Protective Casing/Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Paint chipping, starting to rot underneath.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Good.
d) Condition of Well Concrete Pad	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>16) 6MW6D</b>					
a) Condition of Protective Casing/Riser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Good.
d) Condition of Well Concrete Pad	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>17) 6MW7S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Covered by public, area is depressed into asphalt.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reportedly has no lock.

INSPECTION CHECKLIST  
SITE 6 - DRMO  
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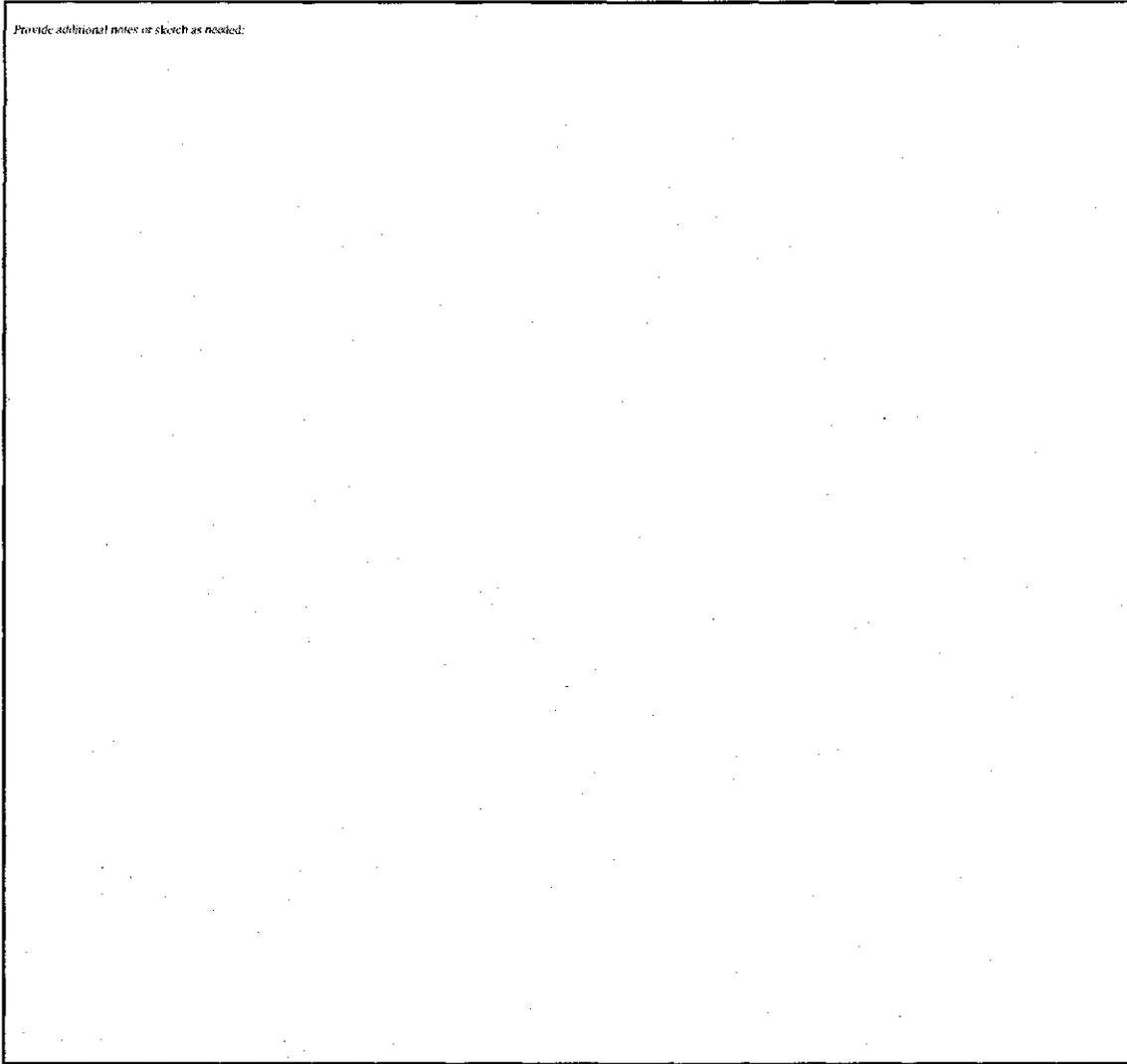
AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE NOT RECOMMENDED	REPAIR/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>18) 6MW9S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Well was located under stored equipment. Sediment build up noted on surface that should be cleaned off.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reportedly has no lock.
<b>19) 6MW9S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reportedly has no lock.
<b>20) 6MW 10S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reportedly no lock.
<b>21) 6MW 10D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Damaged concrete.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reportedly has no lock.
<b>22) 6MW 11S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Well has been recently repaired, under puddle of standing water at time of inspection.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reportedly has no lock.
<b>23) 6MW 11D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Repaired well under puddle.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Under puddle.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

INSPECTION CHECKLIST  
 SITE 6 - DRMO  
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<p><b>Adequacy of O&amp;M at Site:</b>          Over all O&amp;M practices at the site are sufficient at this time.</p>	
<p><b>Notes:</b>          Two new asphalt patches near 6MW11D reportedly filled previous depressions.</p>	
<p><b>Deficiencies/Items Requiring Correction:</b>          Sedimentation around Jersey barriers at western perimeter is restricting surface drainage and should be removed.          Depressions beyond Jersey barriers at western perimeter and 6MWTS should be repaired.          The rutting cracks observed throughout capped area should be sealed.          Patches of concrete embedded in cap near 6MW10D should be removed and asphalt surface repaired.          Vegetation growing in rip-rap protection should be removed.          Approximately 5 inches of sediment on bottom of catch basin should be removed.          Sediment build up on 6MW85 should be removed and keep pellets off top of well cover.          Concrete is damaged around 6MW10D, should be replaced.          Unable to locate monitoring well 6MW45, locate well or consider it lost/abandoned.          Unable to access wells 6MW35 and 6MW30 due to security restrictions.          6MW75 is underflow in a depressed area that should be repaired.</p>	
<p>_____          Courtney D. Minor, Jr., P.E.          Printed Name of Inspector</p>	<p align="right">           Signature of Inspector / Date: 12/5/05       </p>
<p><b>Certification Statement:</b>          I hereby certify that a complete and thorough inspection and evaluation of the site and implemented remedy has been performed, and that the items noted on this inspection form have been assessed with respect to the intent of the implemented remedy and the remedial action objectives established for the site.</p>	
<p align="center">Robert J. Tess, PE  <small>Printed Name of O&amp;M Inspector</small></p>	<p align="right">   <small>Printed Name of NBB-NLON MEP Manager</small> </p>
<p>           Digitally signed by Robert J. Tess,          PE          Date: 2005.12.06 12:07:07 -0700       </p>	<p align="right">           Signature of NBB-NLON MEP Manager / Date: 2 Dec 05       </p>

INSPECTION CHECKLIST  
SITE 6 - DRMO  
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Provide additional notes or sketch as needed:

A large, empty rectangular box with a black border, intended for providing additional notes or sketches. The box is currently blank.

### **A.3 GOSS COVE LANDFILL**

**INSPECTION CHECKLIST  
SITE 8 - GOSS COVE LANDFILL**

SITE NAME: Site 8 - Goss Cove Landfill (OUS)  
 EPA ID: CTD980906515  
 SITE LOCATION: New London County, CT  
 EPA REGION: Region 1  
 REMEDY AT SITE: Landfill Cover, Institutional Controls, Monitoring

DATE: 4-Jun-2003  
 INSPECTOR/COMPANY: Tim Nichols, P.E. / ECC

WEATHER CONDITIONS: Temperature: 62   
 Weather: Rain  
 Other: NA

TYPE OF INSPECTION:  Annual Inspection  
 Post-Major Weather Event Inspection  
 Re-Inspection of Deficient Items  
 Other \_\_\_\_\_

AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE		NOTES AND COMMENTS
			NOT RECOMMENDED	RECOMMENDED	
<b>1) Security Fencing, Gates, and Signs</b>					
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	West section of fencing, adjacent to Nautilus pier, missing some screen ties to the upper tension wire. Section of fencing along the west perimeter, north end of site, is missing upper tension wire. Missing screen ties at west fence section near north east corner.
a) Fence at West Limit (P & W RR)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b) Fence at Northern Limit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Fence at Northeast Limit at Bedrock Outcrop	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Some poles (3) slightly bent due to snow-plow or other vehicle.
d) Fence at East Limit Near Main Entrance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fencing at east perimeter (north of entrance) missing some bottom screen ties, a section of screen is bent, and a portion of the upper tension wire is loose.
e) Fence at South Limit at Sewage Pump Station	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vines growing on eastern section of sewage pump station fence.
f) Fence at South Limit at Nautilus Access Pier	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
g) Fence at Gas Vents at East Limit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mangate at gas vent M compound is low and dragging on ground.
h) Locked Entrance or Secure Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
i) Man Gate Near Lt Pole #12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mangate located along western perimeter at north end of site is misaligned and does not latch.
j) Man Gate Near Lt Pole #G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
k) No Trespassing and Security Signs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No signage posted.
l) Indications of Vandalism or Trespassing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Item 1d. May be a result of trespassing.
<b>2) Concrete Pavers</b>					
a) General Condition of Pavers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Level or Designed Slope Within Paver Surface	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Standing Water - other than above (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>3) Concrete Curbing (Traffic Areas)</b>					
a) General Condition of Curbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	One section of concrete curbing has been damaged at the northeast portion of the parking area.
b) Indication of Cracked Curbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Item 3a.
c) Indication of Dislodged Curbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Indication of Heaved Curbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

**INSPECTION CHECKLIST  
SITE 8 - GOSS COVE LANDFILL**

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE		NOTES AND COMMENTS
			NOT RECOMMENDED	RECOMMENDED	
<b>4) Granite Curbing (Exhibit and Paver Areas)</b>					
a) General Condition of Curbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Indication of Cracked Curbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Indication of Dislodged Curbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Indication of Heaved Curbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>5) Concrete Sidewalks</b>					
a) General Condition of Sidewalks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Indication of Cracked Sidewalks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Indication of Dislodged Sidewalks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Indication of Heaved Sidewalks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>6) Submarine Displays (Four Total)</b>					
a) Condition of Foundation Supports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant spalling of the two concrete haunches for the west sub display was noted. Corrosion of the reinforcing steel was evident due to staining and the concrete could be removed in small sections.
b) Interface at Ground Surface and Foundations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Observation of Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>7) Trailer Foundation (Maintenance Bldg.)</b>					
a) Condition of Foundation Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Interface at Ground Surface and Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Observation of Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>8) Missile Hatch Display</b>					
a) Condition of Foundation Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Interface at Ground Surface and Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Observation of Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>9) Gun Display</b>					
a) Condition of Foundation Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Interface at Ground Surface and Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Observation of Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Cemetery Island Flagpoles (Poles A, B, and C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
e) Retaining Wall on West Side	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>10) Retaining Wall on West Side</b>					
a) Condition of Foundation Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Interface at Ground Surface and Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Observation of Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

**INSPECTION CHECKLIST  
SITE 8 - GOSS COVE LANDFILL**

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AREA OF INSPECTION	INSPECTED	DUE'S NOT APPLY	REPAIR/MAINTENANCE		NOTES AND COMMENTS
			NOT RECOMMENDED	RECOMMENDED	
<b>11) Flagpole *A</b>					
<i>a) General Condition of Flagpole</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Condition of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Interface at Ground Surface and Foundation</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>d) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>12) Flagpole *B</b>					
<i>a) General Condition of Flagpole</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Condition of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Interface at Ground Surface and Foundation</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>d) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>13) Flagpole *C</b>					
<i>a) General Condition of Flagpole</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Condition of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Interface at Ground Surface and Foundation</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>d) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>14) Flagpole *D</b>					
<i>a) General Condition of Flagpole</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Condition of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Interface at Ground Surface and Foundation</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>d) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>15) Flagpole *E</b>					
<i>a) General Condition of Flagpole</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Condition of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Interface at Ground Surface and Foundation</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>d) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>16) Flagpole *F</b>					
<i>a) General Condition of Flagpole</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Condition of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Interface at Ground Surface and Foundation</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>d) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>17) Picnic Area</b>					
<i>a) Condition of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Interface at Ground Surface and Foundation</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

**INSPECTION CHECKLIST  
SITE 8 - GOSS COVE LANDFILL**

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>18) Dumpster Pad</b>					
a) Condition of Foundation Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Interface at Ground Surface and Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Observation of Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>19) Light Pole #2</b>					
a) Condition of Foundation Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Interface at Ground Surface and Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Observation of Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>20) Light Pole #6</b>					
a) Condition of Foundation Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Interface at Ground Surface and Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Observation of Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>21) Light Pole #7</b>					
a) Condition of Foundation Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Interface at Ground Surface and Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Observation of Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>22) Light Pole #8</b>					
a) Condition of Foundation Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Interface at Ground Surface and Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Observation of Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>23) Light Pole #9</b>					
a) Condition of Foundation Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Interface at Ground Surface and Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Observation of Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>24) Light Pole #10</b>					
a) Condition of Foundation Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Interface at Ground Surface and Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Observation of Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>25) Light Pole #11</b>					
a) Condition of Foundation Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Interface at Ground Surface and Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Observation of Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
26) Light Pole #12					
a) Condition of Foundation Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
b) Interface at Ground Surface and Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Observation of Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
27) Light Pole #14					
a) Condition of Foundation Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Interface at Ground Surface and Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Observation of Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
28) Light Pole *G					
a) Condition of Foundation Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Interface at Ground Surface and Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Observation of Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
29) Light Pole *H					
a) Condition of Foundation Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Interface at Ground Surface and Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Observation of Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
30) Light Pole *I					
a) Condition of Foundation Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Interface at Ground Surface and Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Observation of Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
31) Light Pole *K					
a) Condition of Foundation Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Interface at Ground Surface and Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Observation of Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
32) Light Pole *S					
a) Condition of Foundation Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Interface at Ground Surface and Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Observation of Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
33) Irrigation System					
a) Condition of Sprinkler Heads	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) System Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Not observed - system being maintained by base personnel.
c) Condition of Pump and Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Not observed - system being maintained by base personnel.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE		NOTES AND COMMENTS
			NOT RECOMMENDED	RECOMMENDED	
<b>34) Asphalt Surface Cap</b>					
a) General Condition of Asphalt Pavement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Good condition.
b) Level or Designed Slope Within Pavement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Cracks in Pavement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Erosion in Pavement or Adjacent Areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
e) Holes/Penetrations in Asphalt Surface	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
f) Bldges in Asphalt Surface	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
g) Standing Water - other than above (f)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
h) Stability of Slopes and Adjacent Areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
i) Groundwater Monitoring Well Penetrations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
j) Damage to Pavement Caused by Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
k) Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>35) Grass Surface Cap</b>					
a) General Condition of Vegetation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Some invasive weeds noticed.
b) Level or Designed Slope Within Grass Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Erosion in Vegetation or Adjacent Areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Standing Water - other than above (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
e) Stability of Slopes and Adjacent Areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
f) Groundwater Monitoring Well Penetrations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
g) Damage to Pavement Caused by Museum Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
h) Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>36) Box Culvert (Road to River)</b>					
a) Condition of Upper Junction Box - Exterior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Upper Junction Box - Interior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Box Culvert - Interior Sections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Outfall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Some debris floating in containment booz.
<b>37) Catch Basin 1 (CB 1)</b>					
a) General Condition of Inlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Sediment Within Inlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Obstructions at Pipe Inlets or Outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>38) Catch Basin 2 (CB 2)</b>					
a) General Condition of Inlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Sediment Within Inlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Obstructions at Pipe Inlets or Outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE		NOTES AND COMMENTS
			NOT RECOMMENDED	RECOMMENDED	
<b>39) Catch Basin 3 (CB 3)</b>					
<i>a) General Condition of Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Sediment Within Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Obstructions at Pipe Inlets or Outlets</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>40) Catch Basin 4 (CB 4)</b>					
<i>a) General Condition of Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Sediment Within Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Obstructions at Pipe Inlets or Outlets</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>41) Catch Basin 5 (CB 5)</b>					
<i>a) General Condition of Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Sediment Within Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Obstructions at Pipe Inlets or Outlets</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>42) Catch Basin 7A (CB 7A)</b>					
<i>a) General Condition of Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Sediment Within Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Obstructions at Pipe Inlets or Outlets</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>43) Catch Basin 7B (CB 7B)</b>					
<i>a) General Condition of Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Sediment Within Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Obstructions at Pipe Inlets or Outlets</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>44) Catch Basin 8 (CB 8)</b>					
<i>a) General Condition of Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Sediment Within Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Obstructions at Pipe Inlets or Outlets</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>45) Catch Basin 9 (CB 9)</b>					
<i>a) General Condition of Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Sediment Within Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Obstructions at Pipe Inlets or Outlets</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>46) Yard Drain 6A (YD #6A)</b>					
<i>a) General Condition of Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Sediment Within Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Obstructions at Pipe Inlets or Outlets</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE NOT RECOMMENDED	REPAIR/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>47) Yard Drain 6B (YD #6B)</b>					
<i>a) General Condition of Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
<i>b) Sediment Within Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
<i>c) Obstructions at Pipe Inlets or Outlets</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
<b>48) Yard Drain 7C (YD #7C)</b>					
<i>a) General Condition of Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
<i>b) Sediment Within Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
<i>c) Obstructions at Pipe Inlets or Outlets</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
<b>49) Yard Drain 11 (YD #11)</b>					
<i>a) General Condition of Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
<i>b) Sediment Within Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
<i>c) Obstructions at Pipe Inlets or Outlets</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
<b>50) Yard Drain 11A (YD #11A)</b>					
<i>a) General Condition of Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
<i>b) Sediment Within Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
<i>c) Obstructions at Pipe Inlets or Outlets</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
<b>51) Yard Drain 13 (YD #13)</b>					
<i>a) General Condition of Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
<i>b) Sediment Within Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
<i>c) Obstructions at Pipe Inlets or Outlets</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
<b>52) Gas Vent *L</b>					
<i>a) Condition of Riser and Top Section</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
<i>b) Condition of Screen</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
<b>53) Gas Vent *M</b>					
<i>a) Condition of Riser and Top Section</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
<i>b) Condition of Screen</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
<b>54) Gas Vent *N</b>					
<i>a) Condition of Riser and Top Section</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
<i>b) Condition of Screen</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE		NOTES AND COMMENTS
			NOT RECOMMENDED	RECOMMENDED	
<b>55) 8MW1</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
<b>56) 8MW1S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
<b>57) 8MW1D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
<b>58) 8MW3</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
<b>59) 8MW4</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
<b>60) 8MW5S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
<b>61) 8MW6S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
<b>62) 8MW6D</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	IF MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
63) 8MW7S					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
64) 8MW8S					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
65) 8MW8D					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
66) 8MW9S					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
67) 8MW10S					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
68) H1NUS-23 (Tank Farm)					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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SITE 8 - GOSS COVE LANDFILL**

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**Adequacy of O&M at Site:**

(Discuss issues and observations related to the implementation and scope of O&M procedures. In particular, discuss their relevancy to the current and long-term protectiveness of the remedy.)

In general, the landfill cap system is in good condition and is functioning as designed to meet the long-term remedial requirements. The base personnel are maintaining the cap on a routine basis. Some minor deficiencies should be corrected as noted on Table 1-1, Deficiency Log.

**Notes:**

(Discuss and clarify any comments or observations related to this inspection.)

Name:

**Deficiencies/Items Requiring Corrections:**

(Discuss all items that were deficient during the inspection. Also provide recommendations for the deficient items - such as continued monitoring and inspection or repair and further remedial action.)

See attached Deficiency Log (Table 1-1) for recommended corrective actions.

Timothy D. Nichols, P.E.  
Printed Name of Inspector

  
Signature of Inspector / Date *Timothy Nichols*

**Certification Statement:**

I hereby certify that a complete and thorough inspection and evaluation of the site and implemented remedy has been performed, and that the items noted on this inspection form have been assessed with respect to the intent of the implemented remedy and the remedial action objectives established for the site.

Printed Name of O&M Engineer

Printed Name of NSB-NLON IRP Manager

Signature of O&M Engineer / Date

Signature of NSB-NLON IRP Manager / Date

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SITE 8 - GOSS COVE LANDFILL**

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Provide additional notes or sketch of site as needed:

See attached site map (Figure 1-1).



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**SITE 8 - GOSS COVE LANDFILL**  
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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE NOT RECOMMENDED	REPAIR/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>4) Granite Curbing (Exhibit and Favor Areas)</b>					
<i>a) General Conditions of Curbing</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Due to snow cover, could only view 25% of curbing. What was inspected is in good shape.
<i>b) Indication of Cracked Curbing</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Due to snow cover, could only view 25% of curbing. What was inspected is in good shape.
<i>c) Indication of Dislodged Curbing</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Due to snow cover, could only view 25% of curbing. What was inspected is in good shape.
<i>d) Indication of Heaved Curbing</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Due to snow cover, could only view 25% of curbing. What was inspected is in good shape.
<b>5) Concrete Sidewalks</b>					
<i>a) General Conditions of Sidewalks</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Indication of Cracked Sidewalks</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Crack observed in center sidewalk (see photo).
<i>c) Indication of Dislodged Sidewalks</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>d) Indication of Heaved Sidewalks</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>6) Submarine Displays (Four Total)</b>					
<i>a) Conditions of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spalling of the two concrete haunches for the west sub display was noted. Corrosion of the reinforcing steel was evident due to staining and the concrete could be removed in small sections.
<i>b) Interface at Ground Surface and Foundations</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>7) Trawler Foundation (Maintenance Bldg)</b>					
<i>a) Conditions of Foundation Support</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area covered with snow and access was not available.
<i>b) Interface at Ground Surface and Foundations</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area covered with snow and access was not available.
<i>c) Observation of Exposed Cap Components</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area covered with snow and access was not available.
<b>8) Missile Hatch Display</b>					
<i>a) Conditions of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Interface at Ground Surface and Foundations</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>9) Gun Display</b>					
<i>a) Conditions of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Interface at Ground Surface and Foundations</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>d) Center Island Flagpoles (Poles A, B, and C)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>e) Retaining Wall on West Side</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>10) Retaining Wall on West Side</b>					
<i>a) Conditions of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Interface at Ground Surface and Foundations</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	WORKS NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
11) Flagpole *A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a) General Condition of Flagpole	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In general the flag poles appeared to be in good condition. However, snow cover prevented a thorough
b) Conditions of Foundation Support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	inspection.
c) Interface at Ground Surface and Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d) Observation of Exposed Cap Components	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12) Flagpole *B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a) General Condition of Flagpole	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In general the flag poles appeared to be in good condition. However, snow cover prevented a thorough
b) Conditions of Foundation Support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	inspection.
c) Interface at Ground Surface and Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d) Observation of Exposed Cap Components	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13) Flagpole *C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a) General Condition of Flagpole	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In general the flag poles appeared to be in good condition. However, snow cover prevented a thorough
b) Conditions of Foundation Support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	inspection.
c) Interface at Ground Surface and Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d) Observation of Exposed Cap Components	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14) Flagpole *D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a) General Condition of Flagpole	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In general the flag poles appeared to be in good condition. However, snow cover prevented a thorough
b) Conditions of Foundation Support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	inspection.
c) Interface at Ground Surface and Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d) Observation of Exposed Cap Components	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15) Flagpole *E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a) General Condition of Flagpole	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In general the flag poles appeared to be in good condition. However, snow cover prevented a thorough
b) Conditions of Foundation Support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	inspection.
c) Interface at Ground Surface and Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d) Observation of Exposed Cap Components	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16) Flagpole *F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a) General Condition of Flagpole	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In general the flag poles appeared to be in good condition. However, snow cover prevented a thorough
b) Conditions of Foundation Support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	inspection.
c) Interface at Ground Surface and Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d) Observation of Exposed Cap Components	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17) Picnic Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a) Conditions of Foundation Support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In general the flag poles appeared to be in good condition. However, snow cover prevented a thorough
b) Interface at Ground Surface and Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	inspection.
c) Observation of Exposed Cap Components	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**INSPECTION CHECKLIST**  
**SITE 8 - GOSS COVE LANDFILL**  
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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE NOT RECOMMENDED	REPAIR/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
18) Dumpster Pad					
a) Conditions of Foundation Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Interface at Ground Surface and Foundations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Observation of Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
19) Light Pole #2					
a) Conditions of Foundation Support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In general the light poles appeared to be in good condition. However, snow cover prevented a thorough
b) Interface at Ground Surface and Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	inspection.
c) Observation of Exposed Cap Components	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
20) Light Pole #6					
a) Conditions of Foundation Support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In general the light poles appeared to be in good condition. However, snow cover prevented a thorough
b) Interface at Ground Surface and Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	inspection.
c) Observation of Exposed Cap Components	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
21) Light Pole #7					
a) Conditions of Foundation Support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In general the light poles appeared to be in good condition. However, snow cover prevented a thorough
b) Interface at Ground Surface and Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	inspection.
c) Observation of Exposed Cap Components	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
22) Light Pole #8					
a) Conditions of Foundation Support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In general the light poles appeared to be in good condition. However, snow cover prevented a thorough
b) Interface at Ground Surface and Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	inspection.
c) Observation of Exposed Cap Components	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
23) Light Pole #9					
a) Conditions of Foundation Support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In general the light poles appeared to be in good condition. However, snow cover prevented a thorough
b) Interface at Ground Surface and Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	inspection.
c) Observation of Exposed Cap Components	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
24) Light Pole #10					
a) Conditions of Foundation Support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In general the light poles appeared to be in good condition. However, snow cover prevented a thorough
b) Interface at Ground Surface and Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	inspection.
c) Observation of Exposed Cap Components	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
25) Light Pole #11					
a) Conditions of Foundation Support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In general the light poles appeared to be in good condition. However, snow cover prevented a thorough
b) Interface at Ground Surface and Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	inspection.
c) Observation of Exposed Cap Components	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**INSPECTION CHECKLIST**  
**SITE B - GOSS COVE LANDFILL**  
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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
26) Light Pole #12					
a) Conditions of Foundation Support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In general the light poles appeared to be in good condition. However, snow cover prevented a thorough inspection.
b) Interface at Ground Surface and Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) Observation of Exposed Cap Components	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
27) Light Pole #14					
a) Conditions of Foundation Support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In general the light poles appeared to be in good condition. However, snow cover prevented a thorough inspection.
b) Interface at Ground Surface and Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) Observation of Exposed Cap Components	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
28) Light Pole #G					
a) Conditions of Foundation Support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In general the light poles appeared to be in good condition. However, snow cover prevented a thorough inspection.
b) Interface at Ground Surface and Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) Observation of Exposed Cap Components	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
29) Light Pole #H					
a) Conditions of Foundation Support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In general the light poles appeared to be in good condition. However, snow cover prevented a thorough inspection.
b) Interface at Ground Surface and Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) Observation of Exposed Cap Components	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
30) Light Pole #I					
a) Conditions of Foundation Support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In general the light poles appeared to be in good condition. However, snow cover prevented a thorough inspection.
b) Interface at Ground Surface and Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) Observation of Exposed Cap Components	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
31) Light Pole #K					
a) Conditions of Foundation Support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In general the light poles appeared to be in good condition. However, snow cover prevented a thorough inspection.
b) Interface at Ground Surface and Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) Observation of Exposed Cap Components	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
32) Light Pole #S					
a) Conditions of Foundation Support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In general the light poles appeared to be in good condition. However, snow cover prevented a thorough inspection.
b) Interface at Ground Surface and Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) Observation of Exposed Cap Components	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
33) Irrigation System					
a) Conditions of Sprinkler Heads	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Not inspected due to weather conditions.
b) System Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Pump and Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE NOT RECOMMENDED	REPAIR/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>34) Asphalt Surface Cap</b>					
a) General Condition of Asphalt Pavement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Good condition.
b) Level or Designed Slope Within Pavement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Cracks in Pavement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Erosion in Pavement or Adjacent Areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
e) Holes/Penetrations in Asphalt Surface	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
f) Bulges in Asphalt Surface	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
g) Standing Water - other than above (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
h) Stability of Slopes and Adjacent Areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
i) Groundwater Monitoring Well Penetration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8MW2S cover significantly damaged.
j) Damage to Pavement Caused by Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
k) Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>35) Grass Surface Cap</b>					
a) General Condition of Vegetation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
b) Level or Designed Slope Within Grass Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Erosion in Vegetation or Adjacent Areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Standing Water - other than above (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
e) Stability of Slopes and Adjacent Areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
f) Groundwater Monitoring Well Penetration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
g) Damage to Pavement Caused by Museum Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
h) Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>36) Box Culvert (Road to River)</b>					
a) Condition of Lower Junction Box - Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Only the outfall was inspected. Interior sections were not inspected.
b) Condition of Lower Junction Box - Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Box Culvert - Interior Sections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Condition of Outfall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No debris observed.
<b>37) Catch Basin 1 (CB 1)</b>					
a) General Condition of Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generally in good condition, however a thorough inspection was not performed during this site visit.
b) Sediment Within Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A thorough inspection was performed during the supplement visit in April 2005.
c) Obstructions at Pipe Inlets or Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>38) Catch Basin 2 (CB 2)</b>					
a) General Condition of Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generally in good condition, however a thorough inspection was not performed during this site visit.
b) Sediment Within Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A thorough inspection was performed during the supplement visit in April 2005.
c) Obstructions at Pipe Inlets or Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**INSPECTION CHECKLIST**  
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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
39) Catch Basin 3 (CB 3)					
a) General Condition of Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generally in good condition, however a thorough inspection was not performed during this site visit.
b) Sediment Within Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A thorough inspection was performed during the supplement visit in April 2005.
c) Obstructions at Pipe Inlets or Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40) Catch Basin 4 (CB 4)					
a) General Condition of Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generally in good condition, however a thorough inspection was not performed during this site visit.
b) Sediment Within Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A thorough inspection was performed during the supplement visit in April 2005.
c) Obstructions at Pipe Inlets or Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41) Catch Basin 5 (CB 5)					
a) General Condition of Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generally in good condition, however a thorough inspection was not performed during this site visit.
b) Sediment Within Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A thorough inspection was performed during the supplement visit in April 2005.
c) Obstructions at Pipe Inlets or Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42) Catch Basin 7A (CB 7A)					
a) General Condition of Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generally in good condition, however a thorough inspection was not performed during this site visit.
b) Sediment Within Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A thorough inspection was performed during the supplement visit in April 2005.
c) Obstructions at Pipe Inlets or Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43) Catch Basin 7B (CB 7B)					
a) General Condition of Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generally in good condition, however a thorough inspection was not performed during this site visit.
b) Sediment Within Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A thorough inspection was performed during the supplement visit in April 2005.
c) Obstructions at Pipe Inlets or Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44) Catch Basin 8 (CB 8)					
a) General Condition of Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generally in good condition, however a thorough inspection was not performed during this site visit.
b) Sediment Within Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A thorough inspection was performed during the supplement visit in April 2005.
c) Obstructions at Pipe Inlets or Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45) Catch Basin 9 (CB 9)					
a) General Condition of Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generally in good condition, however a thorough inspection was not performed during this site visit.
b) Sediment Within Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A thorough inspection was performed during the supplement visit in April 2005.
c) Obstructions at Pipe Inlets or Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46) Yard Drain 6A (YD #6A)					
a) General Condition of Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generally in good condition, however a thorough inspection was not performed during this site visit.
b) Sediment Within Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A thorough inspection was performed during the supplement visit in April 2005.
c) Obstructions at Pipe Inlets or Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**INSPECTION CHECKLIST**  
**SITE 8 - GOSS COVE LANDFILL**  
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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE NOT RECOMMENDED	REPAIR/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
47) Yard Drain 6B (YD #6B)					
a) General Condition of Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generally in good condition, however a thorough inspection was not performed during this site visit.
b) Sediment Within Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A thorough inspection was performed during the supplement visit in April 2005.
c) Obstructions at Pipe Inlets or Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48) Yard Drain 7C (YD #7C)					
a) General Condition of Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generally in good condition, however a thorough inspection was not performed during this site visit.
b) Sediment Within Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A thorough inspection was performed during the supplement visit in April 2005.
c) Obstructions at Pipe Inlets or Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49) Yard Drain 11 (YD #11)					
a) General Condition of Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generally in good condition, however a thorough inspection was not performed during this site visit.
b) Sediment Within Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A thorough inspection was performed during the supplement visit in April 2005.
c) Obstructions at Pipe Inlets or Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50) Yard Drain 11A (YD #11A)					
a) General Condition of Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generally in good condition, however a thorough inspection was not performed during this site visit.
b) Sediment Within Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A thorough inspection was performed during the supplement visit in April 2005.
c) Obstructions at Pipe Inlets or Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51) Yard Drain 13 (YD #13)					
a) General Condition of Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generally in good condition, however a thorough inspection was not performed during this site visit.
b) Sediment Within Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A thorough inspection was performed during the supplement visit in April 2005.
c) Obstructions at Pipe Inlets or Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
52) Gas Vent *L					
a) Condition of Riser and Top Section	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Screen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
53) Gas Vent *M					
a) Condition of Riser and Top Section	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Screen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
54) Gas Vent *N					
a) Condition of Riser and Top Section	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Screen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
55) 8MW1					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Well cover missing 1 bolt.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
56) 8MW2S					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Minor damage to concrete around well cover.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Well cover significantly damaged.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
57) 8MW2D					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Missing 1 bolt.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
58) 8MW3					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
59) 8MW4					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Well cover missing 1 bolt.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
60) 8MW5S					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
61) 8MW6S					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
62) 8MW6D					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>63) 8MW7S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>64) 8MW8S</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>65) 8MW8D</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>66) 8MW9S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>67) 8MW10S</b>					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>68) HNUS-23 (Tank Farm)</b>					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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SITE 6 - GOSS COVE LANDFILL  
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<p><b>Adequacy of O&amp;M at Site:</b> (Discuss issues and observations related to the implementation and scope of O&amp;M procedures. In particular, discuss their relationship to the current and long-term protectiveness of the remedy.)</p> <p>In general, the landfill cap system is in good condition and is functioning as designed to meet the long-term remedial requirements. Some maintenance related deficiencies should be corrected as noted above.</p>	
<p><b>Notes:</b> (Discuss and clarify any comments or observations related to this inspection.)</p> <p>None</p>	
<p><b>Deficiencies/Items Requiring Corrections:</b> (Discuss all items that were deficient during the inspection. Also provide recommendations for the deficient items - such as continued monitoring and inspection or repair and further remedial action.)</p> <p>Please see attached Corrective Action Plan (Appendix A) on deficiencies, planned corrective measures and estimated corrective action schedule.</p>	
<p>Scott W Harding, P.E. Printed Name of Inspector</p>	<p><i>Scott W Harding</i> 8/30/05 Signature of Inspector / Date</p>
<p><b>Certification Statement:</b> I hereby certify that a complete and thorough inspection and evaluation of the site and implemented remedy has been performed, and that the items noted on this inspection form have been assessed with respect to the intent of the implemented remedy and the remedial action objectives established for the site.</p>	
<p><i>Robert J. Teese</i> Printed Name of O&amp;M Engineer</p>	<p>Richard D. Conant Jr. Printed Name of NSB-NI,ON IRP Manager</p>
<p>Digitally signed by Robert J. Teese Date: 2005.09.12 11:23:58 -04'00'</p>	<p><i>Richard D. Conant Jr.</i> Signature of NSB-NI,ON IRP Manager / Date</p>
<p>Signature of O&amp;M Engineer / Date</p>	

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SITE 8 - GOSS COVE LANDFILL  
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Provide additional notes or sketch as needed:

**INSPECTION CHECKLIST**  
**SITE 8 - GOSS COVE LANDFILL**  
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**SITE NAME:** Site 8 - Goss Cove Landfill (OU5)  
**EPA ID:** CTD980906515  
**SITE LOCATION:** New London County, CT  
**EPA REGION:** Region 1  
**REMEDY AT SITE:** Landfill Cover, Institutional Control, Monitoring

**Date:** October 11, 2005 **Courtesy:** D. Moore, Jr., P.E./ Nobis Engineering, Inc.  
**INSPECTOR/COMPANY:**

**WEATHER CONDITIONS:** Temperature: 57°F  
 Weather: Rainy  
 Other: NA

**TYPE OF INSPECTION:**  
 Annual Inspection  
 Post-Major Weather Event Inspection  
 Re-Inspection of Deficient Items  
 Other \_\_\_\_\_

AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>INSTITUTIONAL CONTROLS</b>					
<b>1) Security Fencing, Gates and Signs</b>					
a) Fence at West Limit (P&W RR)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Fence at Northern Limit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Fence at Northeast Limit at Bedrock Outcrop	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pole in bedrock is bent but functioning, leaves are collecting at the base of the fence.
d) Fence at East Limit Near Main Entrance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
e) Fence at South Limit at Sewage Pump Station	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
f) Fence at South Gas Vents at Nantux Access Pier	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
g) Fence at Gas Vents at East Limits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tree branch growing into fence near picnic area.
h) Locked Entrance or Secure Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
i) Man Gate Near LL Pole #12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ties are broken.
j) Man Gate Near LL Pole #6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
k) No Trespassing and Security Signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Only one sign on rocks with "No trespassing".
l) Indications of Vandalism or Trespassing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>LANDSCAPE FEATURES</b>					
<b>2) Concrete Pavers</b>					
a) General Condition of Pavers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Level or Designed Slope within Paver Surface	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Standing Water - other than above (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>3) Concrete Curbing (Traffic Areas)</b>					
a) General Conditions of Curbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Indication of Cracked Curbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Indication of Dislodged Curbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Indication of Heaved Curbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE NOT RECOMMENDED	REPAIR/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>4) Granite Curbing (Exhibit and Paver Areas)</b>					
<i>a) General Conditions of Curbing</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ok.
<i>b) Indication of Cracked Curbing</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Indication of Dislodged Curbing</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>d) Indication of Heaved Curbing</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>5) Concrete Sidewalks</b>					
<i>a) General Conditions of Sidewalks</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Indication of Cracked Sidewalks</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Indication of Dislodged Sidewalks</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>d) Indication of Heaved Sidewalks</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>6) Submarine Displays (Four Total)</b>					
<i>a) Conditions of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chipped concrete on sub near culvert 13.
<i>b) Interface at Ground Surface and Foundations</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>7) Trailer Foundation (Maintenance Bldg)</b>					
<i>a) Conditions of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Interface at Ground Surface and Foundations</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Good.
<i>c) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>8) Missile Hatch Display</b>					
<i>a) Conditions of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Interface at Ground Surface and Foundations</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Good.
<i>c) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>9) Gun Display</b>					
<i>a) Conditions of Foundation Support</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not observed, possibly removed, currently presents a trip hazard.
<i>b) Interface at Ground Surface and Foundations</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>c) Observation of Exposed Cap Components</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>d) Center Island Flagpoles (Poles A, B, and C)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>e) Retaining Wall on West Side</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>10) Retaining Wall on East Side</b>					
<i>a) Conditions of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Interface at Ground Surface and Foundations</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	REPAIRS NOT APPLICABLE	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>11) Flagpole *A</b>					
<i>a) General Condition of Flagpole</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
<i>b) Conditions of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Interface at Ground Surface and Foundations</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>d) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
					None.
<b>12) Flagpole *B</b>					
<i>a) General Condition of Flagpole</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Conditions of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Interface at Ground Surface and Foundations</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Broken outlet at base.
<i>d) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>13) Flagpole *C</b>					
<i>a) General Condition of Flagpole</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Conditions of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Interface at Ground Surface and Foundations</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>d) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>14) Flagpole *D</b>					
<i>a) General Condition of Flagpole</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ok, but bent near base
<i>b) Conditions of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Interface at Ground Surface and Foundations</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>d) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>15) Flagpole *E</b>					
<i>a) General Condition of Flagpole</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Conditions of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Covered in grass.
<i>c) Interface at Ground Surface and Foundations</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ok.
<i>d) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>16) Flagpole *F</b>					
<i>a) General Condition of Flagpole</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bent near base.
<i>b) Conditions of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Interface at Ground Surface and Foundations</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>d) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>17) Picnic Area</b>					
<i>a) Conditions of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Interface at Ground Surface and Foundations</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>18) Dumpster Pad</b>					
<i>a) Conditions of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Interface at Ground Surface and Foundations</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>19) Light Pole #2</b>					
<i>a) Conditions of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Interface at Ground Surface and Foundations</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>20) Light Pole #6</b>					
<i>a) Conditions of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Interface at Ground Surface and Foundations</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>21) Light Pole #7</b>					
<i>a) Conditions of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Interface at Ground Surface and Foundations</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
<b>22) Light Pole #8</b>					
<i>a) Conditions of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Interface at Ground Surface and Foundations</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>23) Light Pole #9</b>					
<i>a) Conditions of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Interface at Ground Surface and Foundations</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>24) Light Pole #10</b>					
<i>a) Conditions of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Interface at Ground Surface and Foundations</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>25) Light Pole #11</b>					
<i>a) Conditions of Foundation Support</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Interface at Ground Surface and Foundations</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Observation of Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE NOT RECOMMENDED	REPAIR/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
26) Light Pole #12					
a) Conditions of Foundation Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Interface at Ground Surface and Foundations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Observation of Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
27) Light Pole #14					
a) Conditions of Foundation Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Interface at Ground Surface and Foundations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Observation of Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
28) Light Pole #G					
a) Conditions of Foundation Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Interface at Ground Surface and Foundations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Observation of Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
29) Light Pole #H					
a) Conditions of Foundation Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Interface at Ground Surface and Foundations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Observation of Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
30) Light Pole #I					
a) Conditions of Foundation Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Interface at Ground Surface and Foundations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Observation of Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
31) Light Pole #K					
a) Conditions of Foundation Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Interface at Ground Surface and Foundations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Observation of Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
32) Light Pole #S					
a) Conditions of Foundation Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Interface at Ground Surface and Foundations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Observation of Exposed Cap Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
33) Irrigation System					
a) Conditions of Sprinkler Heads	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Many broken sprinkler heads.
b) System Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hoses are exposed, some separated, whole system is in need of repair.
c) Condition of Pump and Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE NOT RECOMMENDED	REPAIR/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>34) Asphalt Surface Cap</b>					
<i>a) General Condition of Asphalt Pavement</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	General condition is good.
<i>b) Level or Designed Slope Within Pavement</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ok.
<i>c) Cracks in Pavement</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>d) Erosion in Pavement or Adjacent Areas</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>e) Holes/Penetrations in Asphalt Surface</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>f) Bulges in Asphalt Surface</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>g) Standing Water - other than above (b)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Some water around catch basin below.
<i>h) Stability of Slopes and Adjacent Areas</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ok.
<i>i) Groundwater Monitoring Well Penetration</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Some ponding noted above some wells (see below).
<i>j) Damage to Pavement Caused by Use</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>k) Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>35) Grass Surface Cap</b>					
<i>a) General Condition of Vegetation</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Good.
<i>b) Level or Designed Slope Within Grass Area</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Erosion in Vegetation or Adjacent Areas</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>d) Standing Water - other than above (b)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>e) Stability of Slopes and Adjacent Areas</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>f) Groundwater Monitoring Well Penetration</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No settlement around wells in grass.
<i>g) Damage to Pavement Caused by Museum Use</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>h) Exposed Cap Components</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>36) Box Culvert (Road to River)</b>					
<i>a) Condition of Upper Junction Box - Exterior</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>b) Condition of Upper Junction Box - Interior</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Condition of Box Culvert - Interior Sections</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>d) Condition of Outfall</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low volume of water noted, approximately 1 inch of water.
<b>37) Catch Basin 1 (CB 1)</b>					
<i>a) General Condition of Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Some leaf litter covering grate, approximately 10% covered.
<i>b) Sediment Within Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Obstructions at Pipe Inlets or Outlets</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>38) Catch Basin 2 (CB 2)</b>					
<i>a) General Condition of Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Some grass covering grate.
<i>b) Sediment Within Inlet</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<i>c) Obstructions at Pipe Inlets or Outlets</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DATA NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
<b>39) Catch Basin 3 (CB 3)</b>					
a) General Condition of Inlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Generally in good condition.
b) Sediment Within Inlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Obstructions at Pipe Inlets or Outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>40) Catch Basin 4 (CB 4)</b>					
a) General Condition of Inlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Generally in good condition.
b) Sediment Within Inlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approximately 7 to 8 inches in bottom.
c) Obstructions at Pipe Inlets or Outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>41) Catch Basin 5 (CB 5)</b>					
a) General Condition of Inlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Generally in good condition.
b) Sediment Within Inlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approximately 6 inches in bottom.
c) Obstructions at Pipe Inlets or Outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>42) Catch Basin 7A (CB 7A)</b>					
a) General Condition of Inlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Generally in good condition.
b) Sediment Within Inlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Obstructions at Pipe Inlets or Outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>43) Catch Basin 7B (CB 7B)</b>					
a) General Condition of Inlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Generally in good condition. Some leaves collecting in grate.
b) Sediment Within Inlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Obstructions at Pipe Inlets or Outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>44) Catch Basin 8 (CB 8)</b>					
a) General Condition of Inlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Puddles around concrete in asphalt.
b) Sediment Within Inlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Obstructions at Pipe Inlets or Outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>45) Catch Basin 9 (CB 9)</b>					
a) General Condition of Inlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brown water in basin.
b) Sediment Within Inlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Obstructions at Pipe Inlets or Outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>46) Yard Drain 6A (YD #6A)</b>					
a) General Condition of Inlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Generally in good condition.
b) Sediment Within Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Not measured, too deep for measuring stick.
c) Obstructions at Pipe Inlets or Outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.

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AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIR/MAINTENANCE NOT RECOMMENDED	REPAIR/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
47) Yard Drain 6B (YD #6B)					
a) General Condition of Inlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60% covered by leaf litter. Landscape material exposed near grate.
b) Sediment Within Inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Not measured, too deep for measuring stick.
c) Obstructions at Pipe Inlets or Outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
48) Yard Drain 7C (YD #7C)					
a) General Condition of Inlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vegetative growth noted around entrance.
b) Sediment Within Inlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Obstructions at Pipe Inlets or Outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
49) Yard Drain 11 (YD #11)					
a) General Condition of Inlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Generally in good condition. Water flowing clear and unobstructed.
b) Sediment Within Inlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Obstructions at Pipe Inlets or Outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
50) Yard Drain 11A (YD #11A)					
a) General Condition of Inlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trash, cigarette and leaves over grate.
b) Sediment Within Inlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approximately 2 inches at bottom.
c) Obstructions at Pipe Inlets or Outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
51) Yard Drain 13 (YD #13)					
a) General Condition of Inlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Partially covered by dirt and grass.
b) Sediment Within Inlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Less than 1/2 inch.
c) Obstructions at Pipe Inlets or Outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
<b>STORM WATER FEATURES</b>					
52) Gas Vent *L					
a) Condition of Riser and Top Section	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Generally in good condition.
b) Condition of Screen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No screen noted. Need a lock for the gate surrounding the vent.
53) Gas Vent *M					
a) Condition of Riser and Top Section	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Generally in good condition.
b) Condition of Screen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Generally in good condition. Need a lock for the gate surrounding the vent. Vegetation buildup around gate entrance should be removed.
54) Gas Vent *N					
a) Condition of Riser and Top Section	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Generally in good condition.
b) Condition of Screen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No screen noted, needs to be installed.

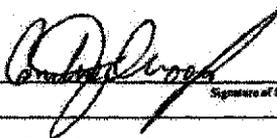
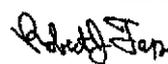
INSPECTION CHECKLIST  
SITE 8 - GOSS COVE LANDFILL  
Page 9 of 12

AREA OF INSPECTION	INSPECTED	DIMS NOT APPLY	REPAIR/MAINTENANCE NOT RECOMMENDED	REPAIR/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
55) 8MW1					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Some sediment and ponding of water on concrete
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Missing a bolt on the cover.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No lock noted.
56) 8MW2S					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concrete and road box are in good condition, recently replaced.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No lock noted.
57) 8MW2D					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concrete and road box are in good condition, recently replaced.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No lock noted.
58) 8MW3					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rim of well not flush with concrete, water is pooling around concrete.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cover is loose, bolts need tightening.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No lock noted.
59) 8MW4					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concrete is in acceptable condition.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cover needs two bolts.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No lock noted, no dedicated pump, water inside over well cap has seeps on it.
60) 8MW5S					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concrete is in acceptable condition.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cover is missing a bolt, and road box is missing the bolt thread. Ponding water over concrete.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No lock noted.
61) 8MW6S					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Some under miring of concrete pad at struts blocks.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No well lock noted.
62) 8MW6D					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concrete and road box are in good condition, recently replaced.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No lock noted.

INSPECTION CHECKLIST  
 SITE B - GOSS COVE LANDFILL  
 Page 10 of 12

AREA OF INSPECTION	INSPECTED	DOES NOT APPLY	REPAIRS/MAINTENANCE NOT RECOMMENDED	REPAIRS/MAINTENANCE RECOMMENDED	NOTES AND COMMENTS
63) 8MW7S					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concrete is in acceptable condition.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No lock noted, rubber cap over tubing.
64) 8MW8S					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concrete is in acceptable condition ponding water noted on top, well reportedly not gauged or sampled.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
d) Condition of Well Protection - Ballards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None installed.
65) 8MW8D					
a) Condition of Protective Casing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
b) Condition of Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No lock noted.
d) Condition of Well Protection - Ballards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None installed.
66) 8MW9S					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Under puddle in roadway, reportedly not sampled.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No lock noted.
67) 8MW10S					
a) Condition of Surface Surrounding Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well not inspected, unable to locate, possibly buried under leaves and grass.
b) Condition of Flush Mount Well Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Condition of Well Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
68) HNUS-23 (Tank Farm)					
a) Condition of Surface Surrounding Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No concrete around cover.
b) Condition of Flush Mount Well Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Missing one bolt, the other bolt is coming up.
c) Condition of Well Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No lock noted.

INSPECTION CHECKLIST  
SITE 8 - GOSS COVE LANDFILL  
Page 11 of 12

<p>Adequacy of O&amp;M at Site:</p> <p>Overall, O&amp;M practices at the site are sufficient. Current practices should be sufficient to maintain the effectiveness of the remedy.</p>	
<p>Notes:</p> <p>Notes as listed above in checklist.</p>	
<p>Deficiencies/Items Requiring Correction:</p> <p>Concrete circular pad located near Missile Hatch Display. Represents a trip hazard.</p> <p>Irrigation system has many exposed pipes that are damaged and/or separated. Broken section and several sprinkler heads are not functional and in need of repair/replacement.</p> <p>Some sediment build up in CB-4 and CB-5. Leaf filter and grass covering inlets to a few yard drains.</p> <p>BMW10S is buried under loam.</p> <p>BMW9S is in a depression of the road.</p> <p>No screens on any gas vent. Invasive vegetation around gas vent M. No locks for gates around gas vents L and M.</p>	
<p>Courtesy D. Moore, Jr., P.E. Printed Name of Inspector</p>	<p> 12/5/05 Signature of Inspector / Date</p>
<p>Certification Statement:</p> <p>I hereby certify that a complete and thorough inspection and evaluation of the site and implemented remedy has been performed, and that the items noted on this inspection form have been assessed with respect to the intent of the implemented remedy and the remedial action objectives established for the site.</p>	
<p>Robert J. Tess, Printed Name of O&amp;M Engineer</p>	<p>Richard O. Conant Jr. Printed Name of NSB-NLON IRP Manager</p>
<p> Digitally signed by Robert J. Tess, PE Date: 2006.11.10 16:52:32 -0500</p>	<p> 2 Dec 05 Signature of NSB-NLON IRP Manager / Date</p>

INSPECTION CHECKLIST  
SITE 8 - GOSS COVE LANDFILL  
Page 12 of 12

Provide additional notes or sketch as needed:

See attached sketch

**APPENDIX B**

**FIVE-YEAR REVIEW SITE PHOTOGRAPHS**



SITE 2 – AREA A LANDFILL AND WETLAND  
DETERIORATED CONDITION OF MONITORING WELL 2LMW20D  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 2 – AREA A LANDFILL AND WETLAND  
SEDIMENT AND DEBRIS COVERING THRESHER AVENUE CATCH BASIN  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 2 – AREA A LANDFILL AND WETLAND  
SIGN AT THRESHER AVENUE ENTRANCE OF AREA A LANDFILL  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 2 – AREA A LANDFILL AND WETLAND  
INLET OF CULVERT 2 FACING NORTHEAST  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 2 – AREA A LANDFILL AND WETLAND  
COLD PATCHED DEPRESSION ALONG INLET HEADWALL OF CULVERT 2  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 2 – AREA A LANDFILL AND WETLAND  
OUTLET OF CULVERT 2 FACING SOUTHWEST  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 2 – AREA A LANDFILL AND WETLAND  
DEBRIS CLOGGING CHANNEL C  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 2 – AREA A LANDFILL AND WETLAND  
GAS VENT 18 – REQUIRES THIRD BARRIER FOR  
COMPLETE PROTECTION AND SCREEN ON VENT  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 2 – AREA A LANDFILL AND WETLAND  
OUTLET OF CULVERT 1 FACING SOUTHWEST; MINOR EROSION OF CHANNEL A  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 2 – AREA A LANDFILL AND WETLAND  
BARRIERS AND EQUIPMENT COVERING MONITORING WELLS NEAR CULVERT 1  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 2 – AREA A LANDFILL AND WETLAND  
DEBRIS AND VEGETATION IN CHANNEL A NEAR GAS VENT 7  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 2 – AREA A LANDFILL AND WETLAND  
DEBRIS AND VEGETATION IN CHANNEL A NEAR GAS VENT 2  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



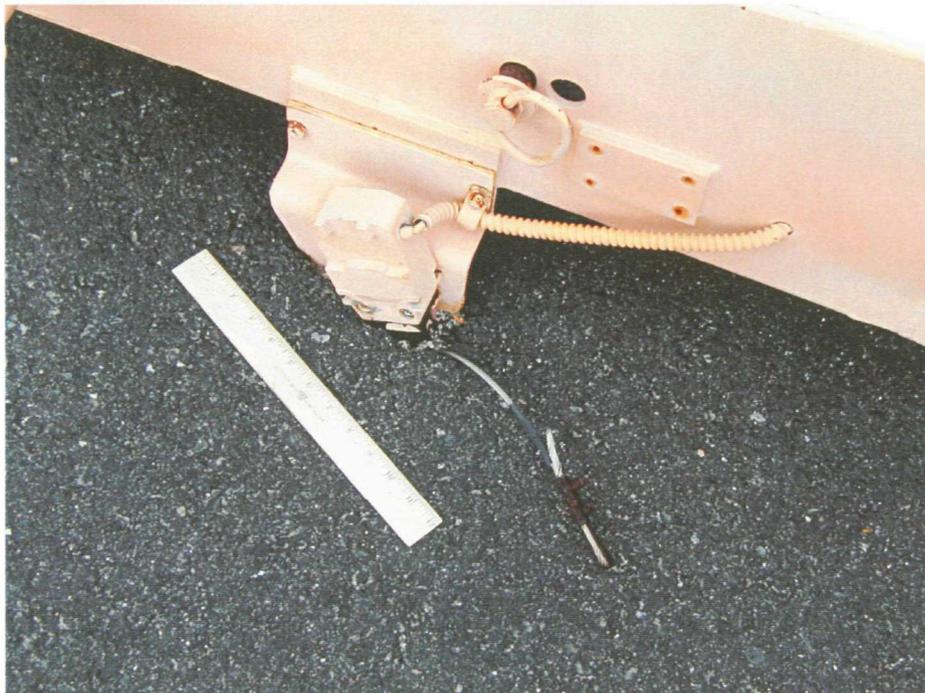
SITE 2 – AREA A LANDFILL AND WETLAND  
AREA A WETLAND FROM NEAR 2LMW9D FACING NORTHEAST  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 2 – AREA A LANDFILL AND WETLAND  
TREATED TIMBERS COVERING MONITORING WELLS 2LOW1S AND  
OTHERS IN NORTHWESTERN PART OF CAP  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 2 – AREA A LANDFILL AND WETLAND  
IMPROPERLY DUMPED CONCRETE RUBBLE ON CAP IN  
NORTH-WESTERN PART OF CAP  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 2 – AREA A LANDFILL AND WETLAND  
GOUGE FROM IMPROPER STORAGE OF EQUIPMENT IN NORTH-CENTRAL PART OF CAP  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 2 – AREA A LANDFILL AND WETLAND  
DETERIORATED CONDITION OF 2LMW8S  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 2 – AREA A LANDFILL AND WETLAND  
SEALED CRACKS IN CAP PAVEMENT  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 2 – AREA A LANDFILL AND WETLAND  
CRACKS IN DEPLOYED PARKING AREA PAVEMENT  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 2 – AREA A LANDFILL AND WETLAND  
TREE GROWING IN GAS VENT-27  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 2 – AREA A LANDFILL AND WETLAND  
VEGETATION IN CRACK AT DEPLOYED PARKING AREA  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 2 – AREA A LANDFILL AND WETLAND  
DEBRIS AGAINST FENCE AND FENCE DETACHED AT BOTTOM  
IN DEPLOYED PARKING AREA  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 2 – AREA A LANDFILL AND WETLAND  
MONITORING WELL 2WMW46DS  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 2 – AREA A LANDFILL AND WETLAND  
TREE STUMP REMAINING IN RIPRAP ALONG TOE OF CAP  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 3 – AREA A DOWNSTREAM WATERCOURSES/OBDA  
OBDA POND AND UPPER POND FACING NORTHWEST  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 3 – AREA A DOWNSTREAM WATERCOURSES/OBDA  
STREAM 4 AND UPPER POND FACING NORTHWEST  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 6 – DRMO  
DEBRIS AND PONDED WATER ON SOUTHWEST CORNER OF CAPPED AREA  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 6 – DRMO  
NEW CONCRETE PAD FOR MONITORING WELL 6MW11D  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 6 – DRMO  
DROP INLET WITH GRATE AT NORTHERN END OF CAPPED AREA  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 6 – DRMO  
PERIMETER CHANNEL ALONG EASTERN SIDE OF CAPPED AREA  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 6 – DRMO  
CAPPED AREA AND BUILDING 491 FACING SOUTH  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 7 – TORPEDO SHOPS  
CONTAMINATED SOIL STOCKPILES ALONG WEST SIDE OF BUILDING 325  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 7 – TORPEDO SHOPS  
EXCAVATION ALONG WESTERN SIDE OF BUILDING 325 AND  
CONTAMINATED SOIL STOCKPILES FACING NORTH  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 7 – TORPEDO SHOPS  
EXCAVATION ALONG SOUTHERN SIDE OF BUILDING 325 FACING EAST  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 8 – GOSS COVE LANDFILL  
GAS VENT L – NO LOCK ON GATE OR SCREEN ON VENT  
LOOKING NORTHWEST  
APRIL 3, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 8 – GOSS COVE LANDFILL  
GAS VENT M WITH VEGETATION ON GATE  
LOOKING NORTH  
APRIL 3, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 8 – GOSS COVE LANDFILL  
NEW CONCRETE PAD AT MONITORING WELL 8MW2D  
LOOKING WEST  
APRIL 3, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 8 – GOSS COVE LANDFILL  
BRUSH AGAINST FENCE NEAR GAS VENT L  
LOOKING SOUTHEAST  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 8 – GOSS COVE LANDFILL  
LOOKING NORTH AT FENCED MAINTENANCE BUILDING  
HAZARDOUS MATERIALS BEING STORED IN UNLOCKED STORAGE LOCKERS  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 8 – GOSS COVE LANDFILL  
MISSING BOLT IN COVER FOR MONITORING WELL 8MW5S  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 8 – GOSS COVE LANDFILL  
LOOKING SOUTH AT CAP AND MUSEUM  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 8 – GOSS COVE LANDFILL  
VEGETATIVE DEBRIS ON YARD DRAIN #13  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 8 – GOSS COVE LANDFILL  
MISSILE HATCH DISPLAY AND FOUNDATION FOR FORMER GUN DISPLAY  
LOOKING EAST  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 8 – GOSS COVE LANDFILL  
LOOKING NORTH AT MONITORING WELL 8MW9S IN CENTER PUDDLE AND  
APPROXIMATE LOCATION OF MONITORING WELL 8MW10S IN CURBED AREA  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITE 8 – GOSS COVE LANDFILL  
BROKEN SPRINKLER JUNCTION BOX NEAR LIGHT POLE K  
LOOKING NORTHWEST  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038



SITES 9/23 – OT-5 AND TANK FARM  
LOOKING NORTHEAST AT LOCATION OF SITE 9 (OT-5)  
APRIL 4, 2006  
NSB-NLON, GROTON, CONNECTICUT. CTO 038

## **APPENDIX C**

### **FIVE-YEAR REVIEW INSPECTION CHECK LISTS**

- C.1 AREA A LANDFILL**
- C.2 DRMO**
- C.3 GOSS COVE LANDFILL**

**C.1 AREA A LANDFILL**

## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

I. SITE INFORMATION													
Site name: <b>Site 2 Area A Landfill</b>	Date of inspection: <b>4/4/06</b>												
Location and Region: <b>New London Co., CT</b>	EPA ID: <b>CTD980906515</b>												
Agency, office, or company leading the five-year review: <b>EFANE/EPA Region 1</b>	Weather/temperature: <b>Overcast, damp, windy, 40s</b>												
<b>Remedy Includes:</b> (Check all that apply) <table style="width: 100%; margin-top: 10px;"> <tr> <td><input checked="" type="checkbox"/> Landfill cover/containment</td> <td><input type="checkbox"/> Monitored natural attenuation</td> </tr> <tr> <td><input checked="" type="checkbox"/> Access controls</td> <td><input type="checkbox"/> Groundwater containment</td> </tr> <tr> <td><input checked="" type="checkbox"/> Institutional controls</td> <td><input type="checkbox"/> Vertical barrier walls</td> </tr> <tr> <td><input type="checkbox"/> Groundwater pump and treatment</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Surface water collection and treatment</td> <td></td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/> Other <u>Monitoring program to determine final remedy for groundwater operable unit. Landfill gas vents and perimeter channels.</u></td> </tr> </table>		<input checked="" type="checkbox"/> Landfill cover/containment	<input type="checkbox"/> Monitored natural attenuation	<input checked="" type="checkbox"/> Access controls	<input type="checkbox"/> Groundwater containment	<input checked="" type="checkbox"/> Institutional controls	<input type="checkbox"/> Vertical barrier walls	<input type="checkbox"/> Groundwater pump and treatment		<input type="checkbox"/> Surface water collection and treatment		<input checked="" type="checkbox"/> Other <u>Monitoring program to determine final remedy for groundwater operable unit. Landfill gas vents and perimeter channels.</u>	
<input checked="" type="checkbox"/> Landfill cover/containment	<input type="checkbox"/> Monitored natural attenuation												
<input checked="" type="checkbox"/> Access controls	<input type="checkbox"/> Groundwater containment												
<input checked="" type="checkbox"/> Institutional controls	<input type="checkbox"/> Vertical barrier walls												
<input type="checkbox"/> Groundwater pump and treatment													
<input type="checkbox"/> Surface water collection and treatment													
<input checked="" type="checkbox"/> Other <u>Monitoring program to determine final remedy for groundwater operable unit. Landfill gas vents and perimeter channels.</u>													
<b>Attachments:</b> <input checked="" type="checkbox"/> Inspection team roster attached <input type="checkbox"/> Site map attached													
II. INTERVIEWS (Check all that apply)													
<b>1. O&amp;M site manager</b> <u>Richard Conant</u> <u>REC/IR Program Manager</u> <u>4/3/06</u> <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 33%; text-align: center;">Name</td> <td style="width: 33%; text-align: center;">Title</td> <td style="width: 33%; text-align: center;">Date</td> </tr> </table>		Name	Title	Date									
Name	Title	Date											
Interviewed <input type="checkbox"/> at site <input checked="" type="checkbox"/> at office <input type="checkbox"/> by phone   Phone no. <u>(860)694-5649</u>													
Problems, suggestions; <input type="checkbox"/> Report attached <u>He plans to have broken concrete, furniture, creosote timers, and other miscellaneous debris removed later this month.</u>													
<b>2. O&amp;M staff</b> <u>Rob Tess, ECC (508)229-2270; Mark Evans, EFANE (610)595-0567 ext 162</u> <u>4/3/06-4/4/06</u> <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 33%; text-align: center;">Name</td> <td style="width: 33%; text-align: center;">Title</td> <td style="width: 33%; text-align: center;">Date</td> </tr> </table>		Name	Title	Date									
Name	Title	Date											
Interviewed <input checked="" type="checkbox"/> at site <input type="checkbox"/> at office <input type="checkbox"/> by phone   Phone no. _____													
Problems, suggestions; <input type="checkbox"/> Report attached _____													

## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

3. Local regulatory authorities and response agencies (i.e., State and Tribal offices, emergency response office, police department, office of public health or environmental health, zoning office, recorder of deeds, or other city and county offices, etc.) Fill in all that apply.

Agency USEPA Region I

Contact <u>K. Keckler</u>	<u>RPM</u>	<u>4/4/06</u>	<u>(617)918-1385</u>
Name	Title	Date	Phone no.

Problems; suggestions;  Report attached No comments during inspection.

Agency CTDEP

Contact <u>Mark Lewis</u>	<u>RPM</u>	<u>4/4/06</u>	<u>(860)424-3768</u>
Name	Title	Date	Phone no.

Problems; suggestions;  Report attached No comments during inspection.

Agency \_\_\_\_\_

Contact _____			
Name	Title	Date	Phone no.

Problems; suggestions;  Report attached \_\_\_\_\_

Agency \_\_\_\_\_

Contact _____			
Name	Title	Date	Phone no.

Problems; suggestions;  Report attached \_\_\_\_\_

4. Other interviews (optional)  Report attached.

R. Tess, ECC - ECC has been trimming shrubs and trees in riprap, sealing cracks in pavement, and filled depression over culvert with cold patch. ECC has not had access to Deployed Parking Area to seal cracks and remove tree in gas vent; however, the Navy and ECC will coordinate access to the Deployed Parking Area to conduct maintenance.

## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

III. ON-SITE DOCUMENTS & RECORDS VERIFIED (Check all that apply)			
<b>1. O&amp;M Documents</b>			
<input type="checkbox"/> O&M manual	<input checked="" type="checkbox"/> Readily available	<input checked="" type="checkbox"/> Up to date	<input type="checkbox"/> N/A
<input type="checkbox"/> As-built drawings	<input checked="" type="checkbox"/> Readily available	<input checked="" type="checkbox"/> Up to date	<input type="checkbox"/> N/A
<input type="checkbox"/> Maintenance logs	<input checked="" type="checkbox"/> Readily available	<input checked="" type="checkbox"/> Up to date	<input type="checkbox"/> N/A
Remarks <u>Landfill inspections being performed annually. Most recent annual inspection performed on 10/11/05.</u>			
<b>2. Site-Specific Health and Safety Plan</b>			
		<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date
		<input type="checkbox"/> Readily available	<input checked="" type="checkbox"/> N/A
Remarks _____			
<b>3. O&amp;M and OSHA Training Records</b>			
		<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date
		<input type="checkbox"/> Readily available	<input checked="" type="checkbox"/> N/A
Remarks _____			
<b>4. Permits and Service Agreements</b>			
<input type="checkbox"/> Air discharge permit	<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Effluent discharge	<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Waste disposal, POTW	<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Other permits _____	<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date	<input checked="" type="checkbox"/> N/A
Remarks _____			
<b>5. Gas Generation Records</b>			
		<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date
		<input type="checkbox"/> Readily available	<input checked="" type="checkbox"/> N/A
Remarks _____			
<b>6. Settlement Monument Records</b>			
		<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date
		<input type="checkbox"/> Readily available	<input checked="" type="checkbox"/> N/A
Remarks <u>A Post-Construction survey was performed by SAI Surveying in 1997. The Navy is considering completing a new topographic survey of Area A Landfill prior to the Third Five-Year Review.</u>			
<b>7. Groundwater Monitoring Records</b>			
		<input checked="" type="checkbox"/> Readily available	<input checked="" type="checkbox"/> Up to date
		<input checked="" type="checkbox"/> Readily available	<input type="checkbox"/> N/A
Remarks <u>Monitoring now performed semi-annually. Round 16 GMR was issued January 2006 for sampling in May through June. Round 16 report final in February 2006. The next round of sampling was due in December 2005.</u>			
<b>8. Leachate Extraction Records</b>			
		<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date
		<input type="checkbox"/> Readily available	<input checked="" type="checkbox"/> N/A
Remarks _____			
<b>9. Discharge Compliance Records</b>			
<input type="checkbox"/> Air	<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water (effluent)	<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date	<input checked="" type="checkbox"/> N/A
Remarks _____			
<b>10. Daily Access/Security Logs</b>			
		<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date
		<input type="checkbox"/> Readily available	<input checked="" type="checkbox"/> N/A
Remarks _____			



## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

<b>C. Institutional Controls (ICs)</b>				
<b>1. Implementation and enforcement</b>				
Site conditions imply ICs not properly implemented		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Site conditions imply ICs not being fully enforced		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Type of monitoring (e.g., self-reporting, drive by) <u>Drive by</u>				
Frequency <u>Quarterly</u>				
Responsible party/agency <u>Naval Submarine Base - New London</u>				
Contact <u>Richard Conant</u> <u>IR Manager</u>				
Name	Title	Date	Phone no.	
Reporting is up to date		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Reports are verified by the lead agency		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Specific requirements in deed or decision documents have been met		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Violations have been reported		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Other problems or suggestions:		<input type="checkbox"/> Report attached		
<u>Police patrol driving at site stopped inspection team and asked team to show identification and asked nature of business.</u>				
<u>Per IC Document SOPA (Admin) New London Instruction 5090.18C (December 2006), contractors shall contact the Public Works Engineering division prior to operation or storage of heavy equipment on Site 2. The IR Program Manager will provide guidance for projects proposing ground surface disruption, subsurface excavation, or dewatering work. Directions in IC document are not being followed.</u>				
<b>2. Adequacy</b>				
		<input type="checkbox"/> ICs are adequate	<input checked="" type="checkbox"/> ICs are inadequate	<input type="checkbox"/> N/A
Remarks <u>Uncontrolled dumping on site. Stored items blocking access to monitoring wells. Asphalt not protected from point loads.</u>				
<b>D. General</b>				
<b>1. Vandalism/trespassing</b>		<input type="checkbox"/> Location shown on site map	<input checked="" type="checkbox"/> No vandalism evident	
Remarks _____				
<b>2. Land use changes on site</b>		<input type="checkbox"/> N/A		
Remarks <u>Some uncontrolled dumping of construction debris and furniture.</u>				
<b>3. Land use changes off site</b>		<input checked="" type="checkbox"/> N/A		
Remarks _____				
<b>VI. GENERAL SITE CONDITIONS</b>				
<b>A. Roads</b>		<input checked="" type="checkbox"/> Applicable	<input type="checkbox"/> N/A	
<b>1. Roads damaged</b>		<input type="checkbox"/> Location shown on site map	<input checked="" type="checkbox"/> Roads adequate	<input type="checkbox"/> N/A
Remarks _____				

## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

<b>B. Other Site Conditions</b>	
Remarks <u>Equipment storage on cap is unorganized. Proper storage techniques not being used.</u>	
<b>VII. LANDFILL COVER</b> <input checked="" type="checkbox"/> Applicable <input type="checkbox"/> N/A	
<b>A. Landfill Surface</b>	
1.	<b>Settlement (Low spots)</b> <input type="checkbox"/> Location shown on site map <input type="checkbox"/> Settlement not evident Areal extent _____      Depth _____ Remarks <u>Low spot in pavement over Culvert 2 has been repaired with cold patch asphalt. Some wavy pavement.</u>
2.	<b>Cracks</b> <input type="checkbox"/> Location shown on site map <input type="checkbox"/> Cracking not evident Lengths _____      Widths _____      Depths _____ Remarks <u>Cracks throughout. Many cracks were sealed but reopened. Cracks in Deployed Parking area need to be sealed but gate is locked.</u>
3.	<b>Erosion</b> <input type="checkbox"/> Location shown on site map <input checked="" type="checkbox"/> Erosion not evident Areal extent _____      Depth _____ Remarks _____
4.	<b>Holes</b> <input type="checkbox"/> Location shown on site map <input type="checkbox"/> Holes not evident Areal extent _____      Depth _____ Remarks <u>Two small holes noted, likely due to storage of heavy items without surface protection. Holes did not fully penetrate asphalt.</u>
5.	<b>Vegetative Cover</b> <input type="checkbox"/> Grass <input type="checkbox"/> Cover properly established <input type="checkbox"/> No signs of stress <input type="checkbox"/> Trees/Shrubs (indicate size and locations on a diagram) Remarks <u>No vegetative cover.</u>
6.	<b>Alternative Cover (armored rock, concrete, etc.)</b> <input type="checkbox"/> N/A Remarks <u>Gabions in good condition. Riprap had small trees but they were cut to a few inches high and brush removed.</u>
7.	<b>Bulges</b> <input type="checkbox"/> Location shown on site map <input type="checkbox"/> Bulges not evident Areal extent _____      Height _____ Remarks <u>Bulges were identified in Deployed Parking Area during O&amp;M inspection in 2005. Aerial extent was not determined during site inspection for Five-Year Review.</u>

## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

8.	<b>Wet Areas/Water Damage</b>	<input checked="" type="checkbox"/> Wet areas/water damage not evident	
	<input type="checkbox"/> Wet areas	<input type="checkbox"/> Location shown on site map	Areal extent _____
	<input type="checkbox"/> Ponding	<input type="checkbox"/> Location shown on site map	Areal extent _____
	<input type="checkbox"/> Seeps	<input type="checkbox"/> Location shown on site map	Areal extent _____
	<input type="checkbox"/> Soft subgrade	<input type="checkbox"/> Location shown on site map	Areal extent _____
	Remarks _____		
9.	<b>Slope Instability</b>	<input type="checkbox"/> Slides	<input type="checkbox"/> Location shown on site map
			<input checked="" type="checkbox"/> No evidence of slope instability
	Areal extent _____		
	Remarks _____		
	<b>B. Benches</b>	<input type="checkbox"/> Applicable	<input checked="" type="checkbox"/> N/A
	<b>C. Letdown Channels</b>	<input type="checkbox"/> Applicable	<input checked="" type="checkbox"/> N/A
	<b>D. Cover Penetrations</b>	<input checked="" type="checkbox"/> Applicable	<input type="checkbox"/> N/A
1.	<b>Gas Vents</b>	<input type="checkbox"/> Active	<input checked="" type="checkbox"/> Passive
	<input checked="" type="checkbox"/> Not Properly secured/locked	<input checked="" type="checkbox"/> Functioning	<input type="checkbox"/> Routinely sampled
	<input type="checkbox"/> Evidence of leakage at penetration		<input checked="" type="checkbox"/> Good condition
	<input type="checkbox"/> N/A		<input type="checkbox"/> Needs Maintenance
	Remarks <u>Gas vents need screens. Tree growing at GVR-27 in Deployed Parking Area, estimated 7 ft. high.</u>		
2.	<b>Gas Monitoring Probes</b>		
	<input type="checkbox"/> Properly secured/locked	<input type="checkbox"/> Functioning	<input type="checkbox"/> Routinely sampled
	<input type="checkbox"/> Evidence of leakage at penetration	<input type="checkbox"/> Needs Maintenance	<input type="checkbox"/> Good condition
			<input checked="" type="checkbox"/> N/A
	Remarks _____		
3.	<b>Monitoring Wells</b>		
	<input checked="" type="checkbox"/> Properly secured/locked	<input type="checkbox"/> Functioning	<input checked="" type="checkbox"/> Routinely sampled
	<input type="checkbox"/> Evidence of leakage at penetration	<input checked="" type="checkbox"/> Needs Maintenance	<input type="checkbox"/> Good condition
			<input type="checkbox"/> N/A
	Remarks <u>2LMW20D appears to be partially abandoned. Wells in vicinity of 2LOW1D covered by creosote timbers - inaccessible. Wells at other locations inaccessible due to jersey barriers. 2LMW8S open, damaged, full of leaves and water. Wells 2LMW18S, 2LMW18D, and 2LMW34DS should be abandoned. Perhaps jersey barriers can be placed around active monitoring wells to keep them from being covered by stored items, similar to the way jersey barriers are used to protect gas vents.</u>		

## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

4.	<b>Leachate Extraction Wells</b>	<input type="checkbox"/> Properly secured/locked	<input type="checkbox"/> Functioning	<input type="checkbox"/> Routinely sampled	<input type="checkbox"/> Good condition
		<input type="checkbox"/> Evidence of leakage at penetration		<input type="checkbox"/> Needs Maintenance	<input checked="" type="checkbox"/> N/A
Remarks _____					
5.	<b>Settlement Monuments</b>	<input type="checkbox"/> Located	<input type="checkbox"/> Routinely surveyed	<input checked="" type="checkbox"/> N/A	
Remarks _____					
<b>E. Gas Collection and Treatment</b>		<input type="checkbox"/> Applicable	<input checked="" type="checkbox"/> N/A		
<b>F. Cover Drainage Layer</b>		<input type="checkbox"/> Applicable	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> NO ACCESS	
<b>G. Detention/Sedimentation Ponds</b>		<input type="checkbox"/> Applicable	<input checked="" type="checkbox"/> N/A		
<b>H. Retaining Walls</b>		<input type="checkbox"/> Applicable	<input checked="" type="checkbox"/> N/A		
<b>I. Perimeter Ditches/Off-Site Discharge</b>		<input checked="" type="checkbox"/> Applicable	<input type="checkbox"/> N/A		
1.	<b>Siltation</b>	<input type="checkbox"/> Location shown on site map	<input type="checkbox"/> Siltation not evident		
	Areal extent _____	Depth _____			
Remarks <u>Channel C has deep sediment and vegetation (supposed to be riprap). Channel C is not free flowing. Soil, leaves, and vegetation in Channel A. Vegetation includes phragmites which penetrate asphalt in several places. Sediment at Culverts 1 and 2. Catch basins on Thresher Avenue are completely blocked with leaves and sediment.</u>					
2.	<b>Vegetative Growth</b>	<input type="checkbox"/> Location shown on site map	<input checked="" type="checkbox"/> N/A		
		<input type="checkbox"/> Vegetation does not impede flow			
	Areal extent _____	Depth _____			
Remarks <u>Some phragmites in channels.</u>					
3.	<b>Erosion</b>	<input type="checkbox"/> Location shown on site map	<input checked="" type="checkbox"/> Erosion not evident		
	Areal extent _____	Depth _____			
Remarks <u>Asphalt at outlet of culvert 1 appears to be deteriorated.</u>					
4.	<b>Discharge Structure</b>	<input type="checkbox"/> Functioning	<input checked="" type="checkbox"/> N/A		
Remarks _____					
<b>J. Monitoring Wells (off site)</b>					
	<input type="checkbox"/> Properly secured/locked	<input type="checkbox"/> Functioning	<input type="checkbox"/> Routinely sampled	<input type="checkbox"/> Good condition	
	<input type="checkbox"/> Evidence of leakage at penetration		<input type="checkbox"/> Needs Maintenance	<input type="checkbox"/> N/A	
Remarks <u>2LMW20D appears to be partially abandoned. Need to formally abandon well. Wells 2LMW8S, 2LMW18S, 2LMW18D, 2LMW20D, and 2LMW34DS are also damaged and should be abandoned.</u>					
<b>VIII. VERTICAL BARRIER WALLS</b>		<input type="checkbox"/> Applicable	<input checked="" type="checkbox"/> N/A		

# FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

## IX. GROUNDWATER/SURFACE WATER REMEDIES

Applicable

N/A

## X. OTHER REMEDIES

If there are remedies applied at the site which are not covered above, attach an inspection sheet describing the physical nature and condition of any facility associated with the remedy. An example would be soil vapor extraction.

## XI. OVERALL OBSERVATIONS

### A. Implementation of the Remedy

Describe issues and observations relating to whether the remedy is effective and functioning as designed. Begin with a brief statement of what the remedy is to accomplish (i.e., to contain contaminant plume, minimize infiltration and gas emission, etc.).

The remedy is successfully reducing infiltration of precipitation through the landfill and protects human and ecological receptors from exposure to contaminated soil.

Placement of jersey barriers around active monitoring wells will prevent storage of materials in the wells, which makes them inaccessible

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### B. Adequacy of O&M

Describe issues and observations related to the implementation and scope of O&M procedures. In particular, discuss their relationship to the current and long-term protectiveness of the remedy.

Limited O&M has been completed at the site since the cap was constructed. Cracks in the pavement have been sealed and sediment and vegetation have been removed from the channels, culverts, and rip rap; however, these are recurring problems and the frequency of O&M must increase. In addition, some identified deficiencies have not been corrected by the O&M Program. Some monitoring wells require repair or abandonment. Institutional controls are not fully implemented, as site access and storage control is inadequate and signs do not list contact name and phone number. Gas vents need screens, additional barriers, and one gas vent needs tree removed.

\_\_\_\_\_  
\_\_\_\_\_

### C. Early Indicators of Potential Remedy Problems

Describe issues and observations such as unexpected changes in the cost or scope of O&M or a high frequency of unscheduled repairs, that suggest that the protectiveness of the remedy may be compromised in the future.

Sealing asphalt cracks, clearing channels, and cutting vegetation in riprap should continue as cracking, sedimentation, and vegetation are recurring problems. Also, uncontrolled storage of heavy items results in damage to asphalt requiring repair. The asphalt surface should continue to be maintained to allow vehicles and equipment to be moved around without damaging any of the underlying cap components. Phragmites growth in the drainage channels should be managed aggressively since these invasive plants have significant root structures that could damage underlying material and their presence in the channels causes impediments to flow. Overall O&M of the cap system needs to be improved.

## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

### D. Opportunities for Optimization

Describe possible opportunities for optimization in monitoring tasks or the operation of the remedy.

Based on 5 years of monitoring and statistical evaluation, the contaminants are not migrating; therefore, well monitoring should be reduced from semiannually to annually.

Unnecessary or unused wells should be abandoned.

A final groundwater Record of Decision (ROD) should be prepared.

**Inspection Team Roster for Site 2 Area A Landfill**

Corey Rich of Tetra Tech NUS, Inc.

Nina Balsamo of Tetra Tech NUS, Inc.

Kymerlee Keckler of USEPA Region I

Mark Lewis of CTDEP

Robert Tess of ECC

Greg Kemp of Gannett Fleming (as a representative of USEPA Region I)

Mark Evans, EFANE

## **C.2 DRMO**

## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

I. SITE INFORMATION	
Site name: <b>Site 6 DRMO</b>	Date of inspection: <b>4/4/06</b>
Location and Region: <b>New London County, CT</b>	EPA ID: <b>CTD980906515</b>
Agency, office, or company leading the five-year review: <b>EFANE/EPA Region 1</b>	Weather/temperature: <b>Overcast, windy, 40s</b>
<b>Remedy Includes: (Check all that apply)</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> Landfill cover/containment</div> <div style="width: 50%;"><input type="checkbox"/> Monitored natural attenuation</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Access controls (sign in)</div> <div style="width: 50%;"><input type="checkbox"/> Groundwater containment</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Institutional controls</div> <div style="width: 50%;"><input type="checkbox"/> Vertical barrier walls</div> <div style="width: 50%;"><input type="checkbox"/> Groundwater pump and treatment</div> <div style="width: 50%;"><input type="checkbox"/> Surface water collection and treatment</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Other <u>Monitoring program to determine final remedy for groundwater operable unit.</u></div> </div>	
<b>Attachments:</b> <input checked="" type="checkbox"/> Inspection team roster attached <input type="checkbox"/> Site map attached	
II. INTERVIEWS (Check all that apply)	
<b>1. O&amp;M site manager</b> <u>Richard Conant</u> <u>REC/IR Program Manager</u> <u>4/3/06</u> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Name</span> <span>Title</span> <span>Date</span> </div>	
Interviewed <input type="checkbox"/> at site <input checked="" type="checkbox"/> at office <input type="checkbox"/> by phone   Phone no. <u>(860)694-5649</u>	
Problems, suggestions; <input type="checkbox"/> Report attached _____ _____ _____	
<b>2. O&amp;M staff</b> <u>R. Tess, ECC (508)229-2270; Mark Evans, EFANE (610)595-0567 ext 162</u> <u>4/3/06 - 4/4/06</u> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Name</span> <span>Title</span> <span>Date</span> </div>	
Interviewed <input checked="" type="checkbox"/> at site <input checked="" type="checkbox"/> at office <input type="checkbox"/> by phone   Phone no. _____	
Problems, suggestions; <input type="checkbox"/> Report attached _____ _____ _____	

## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

**3. Local regulatory authorities and response agencies** (i.e., State and Tribal offices, emergency response office, police department, office of public health or environmental health, zoning office, recorder of deeds, or other city and county offices, etc.) Fill in all that apply.

Agency USEPA Region 1

Contact <u>K. Keckler</u>	<u>RPM</u>	<u>4/4/06</u>	<u>(617)918-1385</u>
Name	Title	Date	Phone no.

Problems; suggestions;  Report attached No comments provided during inspection.

Agency CTDEP

Contact <u>Mark Lewis</u>	<u>RPM</u>	<u>4/4/06</u>	<u>(860)424-3768</u>
Name	Title	Date	Phone no.

Problems; suggestions;  Report attached No comments provided during inspection.

Agency \_\_\_\_\_

Contact \_\_\_\_\_

Name	Title	Date	Phone no.
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Problems; suggestions;  Report attached \_\_\_\_\_

Agency \_\_\_\_\_

Contact \_\_\_\_\_

Name	Title	Date	Phone no.
------	-------	------	-----------

Problems; suggestions;  Report attached \_\_\_\_\_

**4. Other interviews (optional)**  Report attached.

DRMO representative accompanied team on inspection.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

III. ON-SITE DOCUMENTS & RECORDS VERIFIED (Check all that apply)			
<b>1. O&amp;M Documents</b>			
<input type="checkbox"/> O&M manual	<input checked="" type="checkbox"/> Readily available	<input checked="" type="checkbox"/> Up to date	<input type="checkbox"/> N/A
<input type="checkbox"/> As-built drawings	<input checked="" type="checkbox"/> Readily available	<input checked="" type="checkbox"/> Up to date	<input type="checkbox"/> N/A
<input type="checkbox"/> Maintenance logs	<input checked="" type="checkbox"/> Readily available	<input checked="" type="checkbox"/> Up to date	<input type="checkbox"/> N/A
Remarks _____			
<b>2. Site-Specific Health and Safety Plan</b>			
<input type="checkbox"/> Contingency plan/emergency response plan		<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date
		<input type="checkbox"/> Readily available	<input checked="" type="checkbox"/> N/A
Remarks _____			
<b>3. O&amp;M and OSHA Training Records</b>			
		<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date
			<input checked="" type="checkbox"/> N/A
Remarks _____			
<b>4. Permits and Service Agreements</b>			
<input type="checkbox"/> Air discharge permit	<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Effluent discharge	<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Waste disposal, POTW	<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Other permits _____	<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date	<input checked="" type="checkbox"/> N/A
Remarks _____			
<b>5. Gas Generation Records</b>			
		<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date
			<input checked="" type="checkbox"/> N/A
Remarks _____			
<b>6. Settlement Monument Records</b>			
		<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date
			<input checked="" type="checkbox"/> N/A
Remarks _____			
<b>7. Groundwater Monitoring Records</b>			
		<input checked="" type="checkbox"/> Readily available	<input checked="" type="checkbox"/> Up to date
			<input type="checkbox"/> N/A
Remarks <u>Monitoring is now performed annually. Year 7 GMR was issued in January 2006 for sampling on June 2005. The next round of sampling is due in June 2006.</u>			
_____			
<b>8. Leachate Extraction Records</b>			
		<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date
			<input checked="" type="checkbox"/> N/A
Remarks _____			
<b>9. Discharge Compliance Records</b>			
<input type="checkbox"/> Air	<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water (effluent)	<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date	<input checked="" type="checkbox"/> N/A
Remarks _____			
_____			
<b>10. Daily Access/Security Logs</b>			
		<input checked="" type="checkbox"/> Readily available	<input checked="" type="checkbox"/> Up to date
			<input type="checkbox"/> N/A
Remarks <u>Visitors must sign in.</u>			
_____			



## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

<b>C. Institutional Controls (ICs)</b>				
1.	<b>Implementation and enforcement</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
	Site conditions imply ICs not properly implemented	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
	Site conditions imply ICs not being fully enforced	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
	Type of monitoring (e.g., self-reporting, drive by) <u>Visitor sign-in and escort.</u>			
	Frequency <u>Quarterly</u>			
	Responsible party/agency <u>Naval Submarine Base - New London</u>			
	Contact <u>Richard Conant</u> <u>IR Manager</u>			
	Name	Title	Date	Phone no.
	Reporting is up to date <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
	Reports are verified by the lead agency <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
	Specific requirements in deed or decision documents have been met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
	Violations have been reported <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
	Other problems or suggestions: <input type="checkbox"/> Report attached			
	<u>Per IC Document SOPA (Admin) New London Instruction 5090.18C (December 2006) contractors shall contact the Public Works Engineering Division prior to operation or storage of heavy equipment on Site 6. The IR Program Manager will provide guidance for projects proposing ground surface disruption, subsurface excavation penetration, or dewatering work.</u>			
	_____			
	_____			
<b>2. Adequacy</b> <input checked="" type="checkbox"/> ICs are adequate <input type="checkbox"/> ICs are inadequate <input type="checkbox"/> N/A				
	Remarks _____			
	_____			
	_____			
<b>D. General</b>				
1.	<b>Vandalism/trespassing</b>	<input type="checkbox"/> Location shown on site map	<input checked="" type="checkbox"/> No vandalism evident	
	Remarks _____			
	_____			
2.	<b>Land use changes on site</b>	<input type="checkbox"/> N/A		
	Remarks <u>DRMO may be moved and land use changed to parking lot for Yacht Club.</u>			
	_____			
3.	<b>Land use changes off site</b>	<input checked="" type="checkbox"/> N/A		
	Remarks _____			
	_____			
	_____			
<b>VI. GENERAL SITE CONDITIONS</b>				
<b>A. Roads</b> <input type="checkbox"/> Applicable <input checked="" type="checkbox"/> N/A				
1.	<b>Roads damaged</b>	<input type="checkbox"/> Location shown on site map	<input type="checkbox"/> Roads adequate	<input type="checkbox"/> N/A
	Remarks _____			
	_____			

## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

<b>B. Other Site Conditions</b>	
Remarks <u>Depressions in asphalt outside of capped area.</u>	
<b>VII. LANDFILL COVER</b> <input checked="" type="checkbox"/> Applicable <input type="checkbox"/> N/A	
<b>A. Landfill Surface</b>	
1.	<b>Settlement (Low spots)</b> <input type="checkbox"/> Location shown on site map <input checked="" type="checkbox"/> Settlement not evident Areal extent _____      Depth _____ Remarks _____
2.	<b>Cracks</b> <input type="checkbox"/> Location shown on site map <input type="checkbox"/> Cracking not evident Lengths _____      Widths _____      Depths _____ Remarks <u>Minor. Overall, pavement in capped area in good condition.</u>
3.	<b>Erosion</b> <input type="checkbox"/> Location shown on site map <input checked="" type="checkbox"/> Erosion not evident Areal extent _____      Depth _____ Remarks _____
4.	<b>Holes</b> <input type="checkbox"/> Location shown on site map <input checked="" type="checkbox"/> Holes not evident Areal extent _____      Depth _____ Remarks _____
5.	<b>Vegetative Cover</b> <input type="checkbox"/> Grass <input checked="" type="checkbox"/> Cover properly established <input type="checkbox"/> No signs of stress <input type="checkbox"/> Trees/Shrubs (indicate size and locations on a diagram) Remarks <u>Not applicable.</u>
6.	<b>Alternative Cover (armored rock, concrete, etc.)</b> <input checked="" type="checkbox"/> N/A Remarks <u>Did not inspect riprap outside jersey barrier.</u>
7.	<b>Bulges</b> <input type="checkbox"/> Location shown on site map <input checked="" type="checkbox"/> Bulges not evident Areal extent _____      Height _____ Remarks _____

## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

8.	<b>Wet Areas/Water Damage</b>	<input type="checkbox"/> Wet areas/water damage not evident	
	<input checked="" type="checkbox"/> Wet areas	<input type="checkbox"/> Location shown on site map	Areal extent _____
	<input checked="" type="checkbox"/> Ponding	<input type="checkbox"/> Location shown on site map	Areal extent _____
	<input type="checkbox"/> Seeps	<input type="checkbox"/> Location shown on site map	Areal extent _____
	<input type="checkbox"/> Soft subgrade	<input type="checkbox"/> Location shown on site map	Areal extent _____
	Remarks <u>Water ponded/blocked along jersey barriers at top of shoreline.</u>		
<hr/>			
9.	<b>Slope Instability</b>	<input type="checkbox"/> Slides	<input type="checkbox"/> Location shown on site map
		<input checked="" type="checkbox"/> No evidence of slope instability	
	Areal extent _____		
	Remarks _____		
<hr/>			
	<b>B. Benches</b>	<input type="checkbox"/> Applicable	<input checked="" type="checkbox"/> N/A
	<b>C. Letdown Channels</b>	<input type="checkbox"/> Applicable	<input checked="" type="checkbox"/> N/A
	<b>D. Cover Penetrations</b>	<input checked="" type="checkbox"/> Applicable	<input type="checkbox"/> N/A
<hr/>			
1.	<b>Gas Vents</b>	<input type="checkbox"/> Active	<input type="checkbox"/> Passive
	<input type="checkbox"/> Not Properly secured/locked	<input type="checkbox"/> Functioning	<input type="checkbox"/> Routinely sampled
	<input type="checkbox"/> Evidence of leakage at penetration	<input type="checkbox"/> Good condition	
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Needs Maintenance	
	Remarks _____		
<hr/>			
2.	<b>Gas Monitoring Probes</b>		
	<input type="checkbox"/> Properly secured/locked	<input type="checkbox"/> Functioning	<input type="checkbox"/> Routinely sampled
	<input type="checkbox"/> Evidence of leakage at penetration	<input type="checkbox"/> Needs Maintenance	<input type="checkbox"/> Good condition
			<input checked="" type="checkbox"/> N/A
	Remarks _____		
<hr/>			
3.	<b>Monitoring Wells</b>		
	<input type="checkbox"/> Properly secured/locked	<input checked="" type="checkbox"/> Functioning	<input checked="" type="checkbox"/> Routinely sampled
	<input type="checkbox"/> Evidence of leakage at penetration	<input checked="" type="checkbox"/> Needs Maintenance	<input type="checkbox"/> Good condition
			<input type="checkbox"/> N/A
	Remarks <u>Concrete around 6MW11D recently replaced, looks good. Locations of wells 10S and 10D need to be corrected on map. 6MW7S dry but in depressed location. Cannot find 6MW4S.</u>		
<hr/>			
4.	<b>Leachate Extraction Wells</b>		
	<input type="checkbox"/> Properly secured/locked	<input type="checkbox"/> Functioning	<input type="checkbox"/> Routinely sampled
	<input type="checkbox"/> Evidence of leakage at penetration	<input type="checkbox"/> Needs Maintenance	<input type="checkbox"/> Good condition
			<input checked="" type="checkbox"/> N/A
	Remarks _____		
<hr/>			

## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

5.	<b>Settlement Monuments</b>	<input type="checkbox"/> Located	<input type="checkbox"/> Routinely surveyed	<input checked="" type="checkbox"/> N/A
Remarks _____				
<b>E. Gas Collection and Treatment</b> <input type="checkbox"/> Applicable <input checked="" type="checkbox"/> N/A				
<b>F. Cover Drainage Layer</b> <input type="checkbox"/> Applicable <input checked="" type="checkbox"/> N/A				
<b>G. Detention/Sedimentation Ponds</b> <input type="checkbox"/> Applicable <input checked="" type="checkbox"/> N/A				
<b>H. Retaining Walls</b> <input type="checkbox"/> Applicable <input checked="" type="checkbox"/> N/A				
<b>I. Perimeter Ditches/Off-Site Discharge</b> <input checked="" type="checkbox"/> Applicable <input type="checkbox"/> N/A				
1.	<b>Siltation</b>	<input type="checkbox"/> Location shown on site map	<input type="checkbox"/> Siltation not evident	
Areal extent _____ Depth _____				
Remarks <u>Debris in perimeter channel (pallet, debris).</u>				
2.	<b>Vegetative Growth</b>	<input type="checkbox"/> Location shown on site map	<input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Vegetation does not impede flow				
Areal extent _____ Type _____				
Remarks _____				
3.	<b>Erosion</b>	<input type="checkbox"/> Location shown on site map	<input checked="" type="checkbox"/> Erosion not evident	
Areal extent _____ Depth _____				
Remarks _____				
4.	<b>Discharge Structure</b>	<input checked="" type="checkbox"/> Functioning	<input type="checkbox"/> N/A	
Remarks <u>Drop inlet in good condition. Leaves near inlet should be removed. Outlet pipe has control on it for tides.</u>				
<b>J. Monitoring Wells (off site)</b>				
<input type="checkbox"/> Properly secured/locked <input type="checkbox"/> Functioning <input type="checkbox"/> Routinely sampled <input type="checkbox"/> Good condition				
<input type="checkbox"/> Evidence of leakage at penetration <input type="checkbox"/> Needs Maintenance <input type="checkbox"/> N/A				
Remarks <u>Monitoring wells 6MW5S and 6MW5D are inaccessible due to security restrictions.</u>				
<b>VIII. VERTICAL BARRIER WALLS</b> <input type="checkbox"/> Applicable <input checked="" type="checkbox"/> N/A				
<b>IX. GROUNDWATER/SURFACE WATER REMEDIES</b> <input type="checkbox"/> Applicable <input checked="" type="checkbox"/> N/A				
<b>X. OTHER REMEDIES</b>				
If there are remedies applied at the site which are not covered above, attach an inspection sheet describing the physical nature and condition of any facility associated with the remedy. An example would be soil vapor extraction.				

## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

### XI. OVERALL OBSERVATIONS

#### A. Implementation of the Remedy

Describe issues and observations relating to whether the remedy is effective and functioning as designed. Begin with a brief statement of what the remedy is to accomplish (i.e., to contain contaminant plume, minimize infiltration and gas emission, etc.).

The remedy is successfully preventing unacceptable risks to human receptors from exposure to contaminated soil and preventing unacceptable risk to ecological receptors in the Thames River from potential migrating contaminants.

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#### B. Adequacy of O&M

Describe issues and observations related to the implementation and scope of O&M procedures. In particular, discuss their relationship to the current and long-term protectiveness of the remedy.

The cap, pavement, perimeter channel, and drop inlet are in good condition and are effective in providing current and long-term protectiveness. Some well maintenance is needed.

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#### C. Early Indicators of Potential Remedy Problems

Describe issues and observations such as unexpected changes in the cost or scope of O&M or a high frequency of unscheduled repairs, that suggest that the protectiveness of the remedy may be compromised in the future.

None.

However, some monitoring well maintenance is needed for effective site evaluation.

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## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

### D. Opportunities for Optimization

Describe possible opportunities for optimization in monitoring tasks or the operation of the remedy.

Based on 7 years of monitoring and statistical evaluation, the contaminants are not migrating; therefore, well monitoring should be reduced from annually to every 2 or 5 years.

Unnecessary or unused wells should be abandoned.

A final groundwater Record of Decision (ROD) should be prepared.

**Inspection Team Roster for Site6 DRMO**

Corey Rich of Tetra Tech NUS, Inc.

Nina Balsamo of Tetra Tech NUS, Inc.

Kymerlee Keckler of USEPA Region I

Mark Lewis of CTDEP

Robert Tess of ECC

Greg Kemp of Gannett Fleming (as a representative of USEPA Region I)

Mark Evans, EFANE

**C.3 GOSS COVE LANDFILL**

## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

I. SITE INFORMATION	
Site name: <b>Site 8 - Goss Cove Landfill</b>	Date of inspection: <b>4/3/06 and 4/4/06</b>
Location and Region: <b>New London County, CT</b>	EPA ID: <b>CTD98096515</b>
Agency, office, or company leading the five-year review: <b>EFANE/EPA Region 1</b>	Weather/temperature: <b>Sunny on 4/3/06, 50s; overcast, winds, and drizzle on 4/4/06, 40s</b>
<b>Remedy Includes: (Check all that apply)</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> Landfill cover/containment</div> <div style="width: 50%;"><input type="checkbox"/> Monitored natural attenuation</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Access controls</div> <div style="width: 50%;"><input type="checkbox"/> Groundwater containment</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Institutional controls</div> <div style="width: 50%;"><input type="checkbox"/> Vertical barrier walls</div> <div style="width: 50%;"><input type="checkbox"/> Groundwater pump and treatment</div> <div style="width: 50%;"><input type="checkbox"/> Surface water collection and treatment</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Other <u>Monitoring program to determine final remedy for groundwater operable unit. Landfill gas vents, and storm drain structures.</u></div> </div>	
<b>Attachments:</b> <input checked="" type="checkbox"/> Inspection team roster attached <input type="checkbox"/> Site map attached	
II. INTERVIEWS (Check all that apply)	
<b>1. O&amp;M site manager</b> <u>Richard Conant</u> <u>REC/IR Program Manager</u> <u>4/3/06</u> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Name</span> <span>Title</span> <span>Date</span> </div>	
Interviewed <input type="checkbox"/> at site <input type="checkbox"/> at office <input type="checkbox"/> by phone    Phone no. <u>(860)694-5649</u>	
Problems, suggestions; <input type="checkbox"/> Report attached _____ _____ _____	
<b>2. O&amp;M staff</b> <u>Rob Tess, ECC (508)229-2270; Mark Evans, EFANE (610)595-0567 ext 162</u> <u>4/4/06</u> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Name</span> <span>Title</span> <span>Date</span> </div>	
Interviewed <input type="checkbox"/> at site <input type="checkbox"/> at office <input type="checkbox"/> by phone    Phone no. _____	
Problems, suggestions; <input type="checkbox"/> Report attached _____ _____ _____	



## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

III. ON-SITE DOCUMENTS & RECORDS VERIFIED (Check all that apply)			
<b>1. O&amp;M Documents</b>			
<input type="checkbox"/> O&M manual	<input checked="" type="checkbox"/> Readily available	<input checked="" type="checkbox"/> Up to date	<input type="checkbox"/> N/A
<input type="checkbox"/> As-built drawings	<input checked="" type="checkbox"/> Readily available	<input checked="" type="checkbox"/> Up to date	<input type="checkbox"/> N/A
<input type="checkbox"/> Maintenance logs	<input checked="" type="checkbox"/> Readily available	<input checked="" type="checkbox"/> Up to date	<input type="checkbox"/> N/A
Remarks _____			
<b>2. Site-Specific Health and Safety Plan</b>			
<input type="checkbox"/> Contingency plan/emergency response plan		<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date
		<input type="checkbox"/> Readily available	<input checked="" type="checkbox"/> N/A
Remarks _____			
<b>3. O&amp;M and OSHA Training Records</b>			
		<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date
		<input checked="" type="checkbox"/> N/A	
Remarks _____			
<b>4. Permits and Service Agreements</b>			
<input type="checkbox"/> Air discharge permit	<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Effluent discharge	<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Waste disposal, POTW	<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Other permits _____	<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date	<input checked="" type="checkbox"/> N/A
Remarks _____			
<b>5. Gas Generation Records</b>			
		<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date
		<input checked="" type="checkbox"/> N/A	
Remarks _____			
<b>6. Settlement Monument Records</b>			
		<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date
		<input checked="" type="checkbox"/> N/A	
Remarks _____			
<b>7. Groundwater Monitoring Records</b>			
		<input checked="" type="checkbox"/> Readily available	<input type="checkbox"/> Up to date
		<input type="checkbox"/> N/A	
Remarks <u>Monitoring is now performed quarterly. Round 14 GMR was issued January 2006 for sampling performed June through July 2005. The next round of sampling was due in October 2005.</u>			
_____			
<b>8. Leachate Extraction Records</b>			
		<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date
		<input checked="" type="checkbox"/> N/A	
Remarks _____			
<b>9. Discharge Compliance Records</b>			
<input type="checkbox"/> Air	<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water (effluent)	<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date	<input checked="" type="checkbox"/> N/A
Remarks _____			
_____			
<b>10. Daily Access/Security Logs</b>			
		<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date
		<input checked="" type="checkbox"/> N/A	
Remarks _____			
_____			

## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

IV. O&M COSTS			
<b>1. O&amp;M Organization</b>			
<input type="checkbox"/> State in-house	<input type="checkbox"/> Contractor for State	<input type="checkbox"/> PRP in-house	<input type="checkbox"/> Contractor for PRP
<input type="checkbox"/> Federal Facility in-house	<input checked="" type="checkbox"/> Contractor for Federal Facility		
<input type="checkbox"/> Other <u>TiNUS prepared groundwater monitoring plan and O&amp;M manual and performed first year of groundwater monitoring. ECC performed recent groundwater monitoring and site maintenance.</u>			
<b>2. O&amp;M Cost Records</b>			
<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date	<input type="checkbox"/> Funding mechanism/agreement in place	
Original O&M cost estimate <u>\$7,400 for O&amp;M plus</u> <input type="checkbox"/> Breakdown attached			
<u>\$21,500 every 5 years for 5-year reviews.</u>			
Total annual cost by year for review period if available			
From <u>1/2003</u>	To <u>12/2003</u>	<u>\$13,139</u>	<input type="checkbox"/> Breakdown attached
Date	Date	Total cost	
From <u>1/2004</u>	To <u>12/2004</u>	<u>\$20,311</u>	<input type="checkbox"/> Breakdown attached
Date	Date	Total cost	
From <u>1/2005</u>	To <u>12/2005</u>	<u>\$20,989</u>	<input type="checkbox"/> Breakdown attached
Date	Date	Total cost	
From _____	To _____		<input type="checkbox"/> Breakdown attached
Date	Date	Total cost	
From _____	To _____		<input type="checkbox"/> Breakdown attached
Date	Date	Total cost	
From _____	To _____		<input type="checkbox"/> Breakdown attached
Date	Date	Total cost	
<b>3. Unanticipated or Unusually High O&amp;M Costs During Review Period</b>			
Describe costs and reasons: <u>Long term monitoring costs for Year 1 (2002) to Year 4 (2005) of \$169,000 to \$191,000 per year in addition to O&amp;M sampling, analysis, data validation, and evaluation.</u>			
<u>Original estimated groundwater monitoring cost was \$20,000 per year.</u>			
V. ACCESS AND INSTITUTIONAL CONTROLS		<input type="checkbox"/> Applicable	<input type="checkbox"/> N/A
<b>A. Fencing</b>			
1. <b>Fencing damaged</b>	<input type="checkbox"/> Location shown on site map	<input type="checkbox"/> Gates secured	<input type="checkbox"/> N/A
Remarks <u>Fence in good condition. Branches leaning against fence in one location.</u>			
<b>B. Other Access Restrictions</b>			
1. <b>Signs and other security measures</b>	<input type="checkbox"/> Location shown on site map	<input type="checkbox"/> N/A	
Remarks <u>Site is open to the public.</u>			

## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

<b>C. Institutional Controls (ICs)</b>				
<b>1. Implementation and enforcement</b>				
Site conditions imply ICs not properly implemented		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Site conditions imply ICs not being fully enforced		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Type of monitoring (e.g., self-reporting, drive by) <u>Drive by</u>				
Frequency <u>Quarterly</u>				
Responsible party/agency <u>Naval Submarine Base - New London</u>				
Contact <u>Richard Conant</u> <u>IR Manager</u>				
	Name	Title	Date	Phone no.
Reporting is up to date		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Reports are verified by the lead agency		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Specific requirements in deed or decision documents have been met		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Violations have been reported		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Other problems or suggestions:			<input type="checkbox"/> Report attached	
<u>Sailor stopped team to ask the nature of our business.</u>				
<u>Per IC Document SOPA (ADMIN) New London Instruction 5090.18C (December 2006) contractors shall contact the public works engineering division prior to operation or storage of heavy equipment on Site 8. The IR program manager will provide guidance for projects proposing ground surface disruption, subsurface excavation, or dewatering work.</u>				
<b>2. Adequacy</b> <input checked="" type="checkbox"/> ICs are adequate <input type="checkbox"/> ICs are inadequate <input type="checkbox"/> N/A				
Remarks _____				
_____				
_____				
<b>D. General</b>				
<b>1. Vandalism/trespassing</b>		<input type="checkbox"/> Location shown on site map	<input checked="" type="checkbox"/> No vandalism evident	
Remarks _____				
_____				
<b>2. Land use changes on site</b>		<input type="checkbox"/> N/A		
Remarks <u>Empty concrete pad in front of museum - gun display was removed.</u>				
_____				
<b>3. Land use changes off site</b>		<input type="checkbox"/> N/A		
Remarks <u>Fusconi Dry Cleaners is closed. One permanganate injection was performed at Fusconi's and a second injection is planned. CTDEP to provide progress reports and data to Navy.</u>				
_____				
<b>VI. GENERAL SITE CONDITIONS</b>				
<b>A. Roads</b>		<input checked="" type="checkbox"/> Applicable	<input type="checkbox"/> N/A	
<b>1. Roads damaged</b>		<input type="checkbox"/> Location shown on site map	<input checked="" type="checkbox"/> Roads adequate	<input type="checkbox"/> N/A
Remarks _____				
_____				

## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

<b>B. Other Site Conditions</b>	
Remarks <u>Storage area north of parking lot has locked gate, but hazardous materials are being improperly stored there. Materials not locked in locker.</u>	
Remarks <u>Missile hatch display incorrectly located on map. Gun display is not present - site map to be corrected.</u>	
<b>VII. LANDFILL COVER</b> <input checked="" type="checkbox"/> Applicable <input type="checkbox"/> N/A	
<b>A. Landfill Surface</b>	
1.	<b>Settlement (Low spots)</b> <input type="checkbox"/> Location shown on site map <input checked="" type="checkbox"/> Settlement not evident Areal extent _____      Depth _____ Remarks _____ _____
2.	<b>Cracks</b> <input type="checkbox"/> Location shown on site map <input checked="" type="checkbox"/> Cracking not evident Lengths _____      Widths _____      Depths _____ Remarks <u>Wearing surface in good condition.</u> _____
3.	<b>Erosion</b> <input type="checkbox"/> Location shown on site map <input checked="" type="checkbox"/> Erosion not evident Areal extent _____      Depth _____ Remarks _____ _____
4.	<b>Holes</b> <input type="checkbox"/> Location shown on site map <input checked="" type="checkbox"/> Holes not evident Areal extent _____      Depth _____ Remarks _____ _____
5.	<b>Vegetative Cover</b> <input type="checkbox"/> Grass <input checked="" type="checkbox"/> Cover properly established <input type="checkbox"/> No signs of stress <input type="checkbox"/> Trees/Shrubs (indicate size and locations on a diagram) Remarks _____ _____
6.	<b>Alternative Cover (armored rock, concrete, etc.)</b> <input checked="" type="checkbox"/> N/A Remarks _____ _____
7.	<b>Bulges</b> <input type="checkbox"/> Location shown on site map <input checked="" type="checkbox"/> Bulges not evident Areal extent _____      Height _____ Remarks _____ _____

## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

8.	<b>Wet Areas/Water Damage</b>	<input checked="" type="checkbox"/> Wet areas/water damage not evident	
	<input type="checkbox"/> Wet areas	<input type="checkbox"/> Location shown on site map	Areal extent _____
	<input type="checkbox"/> Ponding	<input type="checkbox"/> Location shown on site map	Areal extent _____
	<input type="checkbox"/> Seeps	<input type="checkbox"/> Location shown on site map	Areal extent _____
	<input type="checkbox"/> Soft subgrade	<input type="checkbox"/> Location shown on site map	Areal extent _____
Remarks _____			
9.	<b>Slope Instability</b>	<input type="checkbox"/> Slides	<input type="checkbox"/> Location shown on site map
			<input checked="" type="checkbox"/> No evidence of slope instability
Areal extent _____			
Remarks _____			
	<b>B. Benches</b>	<input type="checkbox"/> Applicable	<input checked="" type="checkbox"/> N/A
	<b>C. Letdown Channels</b>	<input type="checkbox"/> Applicable	<input checked="" type="checkbox"/> N/A
	<b>D. Cover Penetrations</b>	<input checked="" type="checkbox"/> Applicable	<input type="checkbox"/> N/A
1.	<b>Gas Vents</b>	<input type="checkbox"/> Active	<input checked="" type="checkbox"/> Passive
	<input checked="" type="checkbox"/> Not Properly secured/locked	<input checked="" type="checkbox"/> Functioning	<input type="checkbox"/> Routinely sampled
			<input checked="" type="checkbox"/> Good condition
	<input type="checkbox"/> Evidence of leakage at penetration		<input type="checkbox"/> Needs Maintenance
	<input type="checkbox"/> N/A		
Remarks <u>Two of three vents are in fenced areas with gates. Gates need locks and all three gas vents need screens. Invasive vegetation on fence around Gas Vent M. Need locks with same key that fits monitoring well locks.</u>			
2.	<b>Gas Monitoring Probes</b>		
	<input type="checkbox"/> Properly secured/locked	<input type="checkbox"/> Functioning	<input type="checkbox"/> Routinely sampled
			<input type="checkbox"/> Good condition
	<input type="checkbox"/> Evidence of leakage at penetration	<input type="checkbox"/> Needs Maintenance	<input checked="" type="checkbox"/> N/A
Remarks _____			
3.	<b>Monitoring Wells</b>		
	<input checked="" type="checkbox"/> Not Properly secured/locked	<input type="checkbox"/> Functioning	<input checked="" type="checkbox"/> Routinely sampled
			<input type="checkbox"/> Good condition
	<input type="checkbox"/> Evidence of leakage at penetration	<input checked="" type="checkbox"/> Needs Maintenance	<input type="checkbox"/> N/A
Remarks <u>Concrete pads and boxes recently replaced for 8MW2D and 8MW2S. Need to replace 8MW5S cap so it can be locked internally. 8MW1, 8MW4, and 8MW5S are missing bolts. 8MW10S buried under top soil near front gate. 8MW9S in small puddle.</u>			

## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

4.	<b>Leachate Extraction Wells</b>	<input type="checkbox"/> Properly secured/locked	<input type="checkbox"/> Functioning	<input type="checkbox"/> Routinely sampled	<input type="checkbox"/> Good condition
		<input type="checkbox"/> Evidence of leakage at penetration	<input type="checkbox"/> Needs Maintenance	<input checked="" type="checkbox"/> N/A	
Remarks _____					
_____					
5.	<b>Settlement Monuments</b>	<input type="checkbox"/> Located	<input type="checkbox"/> Routinely surveyed	<input checked="" type="checkbox"/> N/A	
Remarks _____					
_____					
<b>E. Gas Collection and Treatment</b>		<input type="checkbox"/> Applicable	<input checked="" type="checkbox"/> N/A		
<b>F. Cover Drainage Layer</b>		<input type="checkbox"/> Applicable	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> NO ACCESS	
<b>G. Detention/Sedimentation Ponds</b>		<input type="checkbox"/> Applicable	<input checked="" type="checkbox"/> N/A		
<b>H. Retaining Walls</b>		<input type="checkbox"/> Applicable	<input checked="" type="checkbox"/> N/A		
<b>I. Perimeter Ditches/Off-Site Discharge</b>		<input type="checkbox"/> Applicable	<input type="checkbox"/> N/A	NO DITCHES	
1.	<b>Siltation</b>	<input type="checkbox"/> Location shown on site map	<input type="checkbox"/> Siltation not evident		
Areal extent _____		Depth _____			
Remarks _____					
_____					
2.	<b>Vegetative Growth</b>	<input type="checkbox"/> Location shown on site map	<input type="checkbox"/> N/A		
		<input type="checkbox"/> Vegetation does not impede flow			
Areal extent _____		Type <u>Decorative vegetation near propeller Display.</u>			
Remarks <u>Sprinkler system is exposed and damaged. Use of sprinkler system while it is damaged would add significant infiltration into the asphalt/grass cover. The Nautilus Museum was notified about the problem and it has been or will be corrected. Use of the sprinkler system will maintain a healthy grass cover.</u>					
_____					
3.	<b>Erosion</b>	<input type="checkbox"/> Location shown on site map	<input type="checkbox"/> Erosion not evident		
Areal extent _____		Depth _____			
Remarks _____					
_____					
4.	<b>Discharge Structure</b>	<input checked="" type="checkbox"/> Functioning	<input type="checkbox"/> N/A		
Remarks <u>Parking lot drains clear except YD13. Additional video inspection of drains to box culvert or other inspection technique may be required.</u>					
_____					
_____					
<b>J. Monitoring Wells (off site)</b>					
	<input type="checkbox"/> Properly secured/locked	<input type="checkbox"/> Functioning	<input type="checkbox"/> Routinely sampled	<input type="checkbox"/> Good condition	
	<input type="checkbox"/> Evidence of leakage at penetration	<input checked="" type="checkbox"/> Needs Maintenance	<input type="checkbox"/> N/A		
Remarks <u>Monitoring wells 8MW1, 8MW4, 8MW5S, 8MW9S, and 8MW10S require maintenance.</u>					
_____					

## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

<b>VIII. VERTICAL BARRIER WALLS</b> <input type="checkbox"/> Applicable <input checked="" type="checkbox"/> N/A
<b>IX. GROUNDWATER/SURFACE WATER REMEDIES</b> <input type="checkbox"/> Applicable <input checked="" type="checkbox"/> N/A
<b>X. OTHER REMEDIES</b>
<p>If there are remedies applied at the site which are not covered above, attach an inspection sheet describing the physical nature and condition of any facility associated with the remedy. An example would be soil vapor extraction.</p>
<b>XI. OVERALL OBSERVATIONS</b>
<p><b>A. Implementation of the Remedy</b></p> <p>Describe issues and observations relating to whether the remedy is effective and functioning as designed. Begin with a brief statement of what the remedy is to accomplish (i.e., to contain contaminant plume, minimize infiltration and gas emission, etc.).</p> <p><u>The remedy effectively protects humans from exposure to contaminated soil and prevents unacceptable risk to ecological receptors in the Thames River and Goss Cove from potential migration of contaminants.</u></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><b>B. Adequacy of O&amp;M</b></p> <p>Describe issues and observations related to the implementation and scope of O&amp;M procedures. In particular, discuss their relationship to the current and long-term protectiveness of the remedy.</p> <p><u>Landfill cap, gas vents, culverts, and drains are in good condition and provide current and long-term protectiveness. All gas vents need screens and two of the gas vents need locks for their fence gates. Some well maintenance is needed. Overall, the site is in very good condition.</u></p> <hr/> <hr/> <hr/> <hr/>
<p><b>C. Early Indicators of Potential Remedy Problems</b></p> <p>Describe issues and observations such as unexpected changes in the cost or scope of O&amp;M or a high frequency of unscheduled repairs, that suggest that the protectiveness of the remedy may be compromised in the future.</p> <p><u>It needs to be established whether or not the sprinkler system is broken and whether or not if it is used. If used but broken, it could introduce infiltration beneath the cap.</u></p> <hr/> <hr/> <hr/> <hr/>

## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

### D. Opportunities for Optimization

Describe possible opportunities for optimization in monitoring tasks or the operation of the remedy.

Based on 3 years of monitoring and statistical evaluation, the contaminants are not migrating; therefore, well monitoring should be reduced from quarterly to annually.

Unnecessary or unused wells should be abandoned.

A final groundwater Record of Decision (ROD) should be prepared.

**Inspection Team Roster for Site 8 Goss Cove Landfill**

Corey Rich of Tetra Tech NUS, Inc.

Nina Balsamo of Tetra Tech NUS, Inc.

Kymerlee Keckler of USEPA Region I

Mark Lewis of CTDEP

Robert Tess of ECC

Greg Kemp of Gannett Fleming (as a representative of USEPA Region I)

Mark Evans, EFANE

**APPENDIX D**

**SOPA (ADMIN) NEW LONDON INSTRUCTION 5090.18C**

**INSTALLATION RESTORATION SITE USE RESTRICTIONS  
AT NAVAL SUBMARINE BASE NEW LONDON**



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DEPARTMENT OF THE NAVY

NAVAL SUBMARINE BASE NEW LONDON  
GROTON, CONNECTICUT 06349-5000

SOPA (ADMIN) NLONINST 5090.18C  
14 Dec 06

SOPA (ADMIN) NEW LONDON INSTRUCTION 5090.18C

From: Commanding Officer, Naval Submarine Base New London

Subj: INSTALLATION RESTORATION SITE USE RESTRICTIONS AT NAVAL  
SUBMARINE BASE NEW LONDON, GROTON, CONNECTICUT

- Ref:
- (a) Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA)
  - (b) Superfund Amendments and Reauthorization Act of 1986 (SARA)
  - (c) OPNAVINST 5090.1B (current version)
  - (d) Resource Conservation and Recovery Act (RCRA)
  - (e) Connecticut Department of Environmental Protection Remediation Standard Regulations
  - (f) Federal Facility agreement under CERCLA 120, In the matter of the US Department of the Navy, SUBASENLON, Groton, Connecticut, January 1995
  - (g) Record of Decision, Source Control Operable Unit, Area A landfill, SUBASENLON, Groton, Connecticut, September 1995
  - (h) Record of Decision for Site 8 - Goss Cove Landfill, Soil and Sediment, SUBASENLON, Groton, Connecticut, February 1998
  - (i) Interim Record of Decision for Sites 3, 7, 14, 15, 18 and 20 Groundwater, Groton, Connecticut, December 2004
  - (j) Land Use Control (LUC) Remedial design for Sites 3 and 7 Groundwater, SUBASENLON, Groton, Connecticut, June 2005
  - (k) Public Works Department Instruction 11000.1A
  - (l) Record of Decision for Site 6 - Defense Reutilization and Marketing Office - Operable Unit 2, SUBASENLON, Connecticut, December 2006
  - (m) Operations and Maintenance Manual for Installation Restoration Program Sites at SUBASENLON, Groton, Connecticut, Volumes I, II, III, IV, and V, January 2006
  - (n) Final Lower SUBASE Remedial Investigation Report, SUBASENLON, Groton, Connecticut 1999
  - (o) Area A Landfill Allowable Loading Pressure, SUBASENLON, November 2006

- Encl: (1) Defense Reutilization and Marketing Office (DRMO)  
Installation Restoration Site and Landfill Cap -  
Site 6
- (2) Area A Landfill Installation Restoration Site and  
Landfill Cap - Site 2A
- (3) Installation Restoration Site Map for SUBASENLON
- (4) Excavated Soil Management for Installation  
Restoration Sites at SUBASENLON
- (5) Management of Dewatering Wastewaters for Installation  
Restoration Sites at SUBASENLON
- (6) Goss Cove Landfill Installation Restoration Site and  
Landfill Cap - Site 8

1. Purpose. This instruction defines the Naval Submarine Base New London (SUBASENLON) policy regarding ground surface disturbance of soils/sediments or any subsurface disturbance of soils/sediments and/or groundwater extraction in Installation Restoration (IR) sites and the disturbance of any remedial infrastructure, including monitoring wells and waste caps. Disturbance is defined as any form of damage to remedial infrastructure, excavation, soil penetration, soil compaction, filling, or change of topography. The definition of disturbance also includes any proposed action to dewater excavations or extract/expose groundwater for discharge, consumption, or use in any way. This instruction is intended to enact institutional controls that are specified in references (a) through (o).

2. Applicability. This instruction is applicable to all Navy departments, tenant commands, contractors, invitees, and personnel at SUBASENLON.

3. Cancellation. SOPA (ADMIN) NLONINST 5090.18B.

4. Discussion. In accordance with references (a) through (o), the SUBASENLON IR Program manages the identification, characterization and cleanup of contaminated soils, sediments and groundwater at specific SUBASENLON IR locations. The existing IR sites at SUBASENLON are in various stages of the IR investigation and cleanup process. Specialized landfill caps have been installed over the former landfill at the Defense Reutilization and Marketing Office (DRMO) site, see enclosure (1); the former landfill at the Area A site, see reference (g); the former Goss Cove landfill, see reference (h); and a small area of Area A Downstream, see enclosure (3) in order to isolate

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contaminated soils and sediments from the surrounding environment. These caps can be damaged by the operation or storage of heavy equipment on the cap surface or by unauthorized excavation or penetration through the cap surface.

a. Enclosures (1), (2), (3), and (6) outline the extent of the former landfill sites, the current landfill caps, and the contamination at Area A downstream. Enclosure (3) depicts the boundaries of all other identified IR sites at SUBASENLON and areas where groundwater use controls and restrictions are in effect. Groundwater and surface water shall not be extracted and used for any purpose at SUBASENLON. All areas indicated in enclosures (1), (2), (3) and (6) may contain contaminated soil, sediment or groundwater, which can potentially threaten human health or the environment if disturbed by unauthorized excavation or dewatering. Work can be safely conducted within the boundaries of identified IR sites, but proper planning, coordination, preparation, and safety measures must be implemented in accordance with federal and state laws. IR site work requires strict adherence to a site-specific health and safety plan, proper training of site workers, correct use of personal protective equipment by site workers, and proper management of any generated waste.

b. Enclosures (4) and (5) provide guidance for excavation and dewatering in IR sites at SUBASENLON. Reference (m) provides requirements and guidance for the protection and maintenance of all IR sites identified in enclosure (3) and their associated structures, e.g., landfill cap asphalt wearing surfaces, landfill cap toe-slope protection, diversion channels, gas management vents, stormwater conveyances, material handling and storage pads, monitoring wells, and site perimeter fencing. Note that monitoring wells are not exclusively situated within the boundaries of the IR sites depicted in enclosure (3). All such structures shall not be modified, disturbed, or in any way affected without coordination with the SUBASENLON Environmental Department. The periodic and routine maintenance of all IR sites and their associated structures, will be accomplished in strict adherence to reference (m) by authorized Navy contractors. The operation of equipment and storage of materials within any IR site identified in enclosure (3) shall also be in compliance with reference (m).

5. Action. Prior to the operation or storage of any heavy equipment at the sites depicted in enclosures (1) and (6), all

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SUBASENLON departments, tenant commands, Navy contractors, and personnel shall contact SUBASENLON Public Works and Environmental Departments, which will determine general landfill cap loading restrictions for all equipment/materials to be operated or stationed on these landfill caps.

a. The Area A Landfill Installation Restoration Site and Landfill Cap - Site 2A depicted in enclosure (2) is a restricted area controlled by SUBASE Command Master-at-Arms (CMAA). All requests for access to the Area A and for the storage of any heavy equipment/ materials at Area A will be referred to the CMAA office. The CMAA office will coordinate all heavy equipment/materials storage requests with the SUBASENLON Public Works and Environmental Departments prior to authorizing any storage of heavy equipment/materials at the site. The loading guidance provided in enclosure (o) shall be utilized to assess storage of heavy equipment/material on the Area A landfill cap site. Precaution must be taken to ensure that any equipment operated and/or stationed on the three landfill caps will not damage the asphalt wearing surface to any appreciable degree. Damage to the asphalt wearing surfaces at the landfill caps must be reported immediately to the SUBASENLON Environmental Department.

b. Any SUBASENLON department, tenant command or Navy contractor planning projects involving subsurface excavation, subsurface penetration of the soil, dewatering, or ground surface disturbance at the sites depicted in enclosures (1), (2), (3) and (6) shall notify the SUBASENLON IR Program Manager at 694-5649 at the earliest project planning phase and follow the dig permit directions contained in reference (k). The IR Program Manager will coordinate project review with the Naval Facilities Remedial Project Manager, the SUBASENLON Public Works Department, the Public Safety Department, and the USEPA and the CTDEP, as applicable under references (a) through (o). Based on the outcome of this coordination, the SUBASENLON IR Program Manager will provide guidance for projects proposing ground surface disruption, subsurface excavation, penetration, or dewatering work in accordance with enclosures (4) and (5). No work shall commence in IR sites until an excavation permit, as required by reference (k), is completed and signed by the IR Program Manager and the Public Works Department. The excavation permit will specify requirements for the project, detail waste

SOPA (ADMIN) NLONINST 5090.18C

14 Dec 06

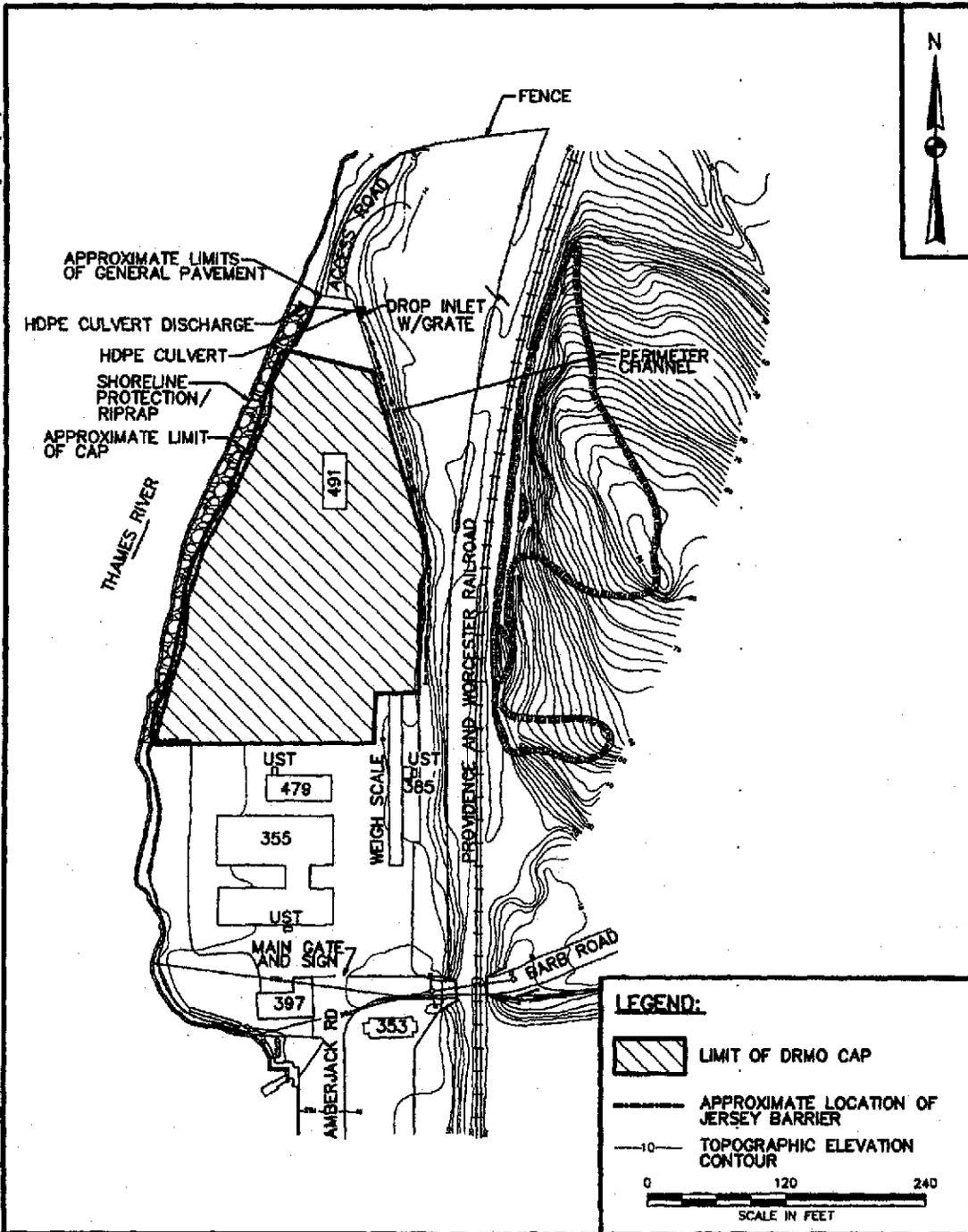
management procedures, and establish standards for protecting remedial infrastructure and restoration of the project site.



P. J. MCKENNA  
By direction

Distribution: (SUBASENLONINST 5216.8N)  
List D

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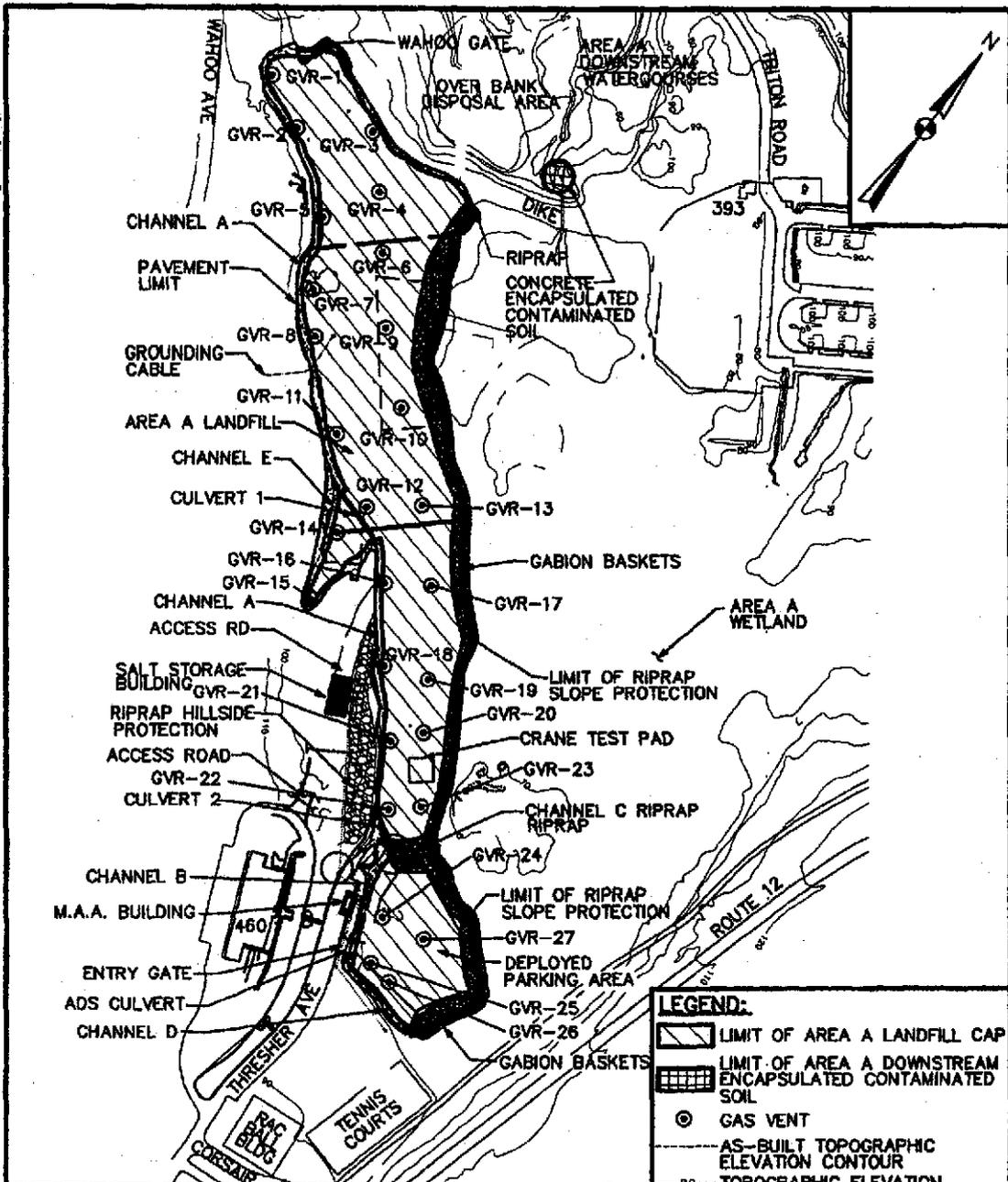


DEFENSE REUTILIZATION AND MARKETING  
OFFICE (DRMO)  
INSTALLATION RESTORATION SITE AND  
LANDFILL CAP  
NAVAL SUBMARINE BASE - NEW LONDON  
GROTON, CONNECTICUT

CONTRACT NO. 0083	
OWNER NO. 038	
APPROVED BY	DATE
DRAWING NO. ENCLOSURE 1	REV. 0

14 Dec 06

ACAD:00830336.dwg 12/01/06 MF PRT



**SOURCES:**

1. BASE MAP AND UTILITY INFORMATION FROM MAPS OF NSS-NLON AND PHASE I RI WORK PLAN (ATLANTIC, 1983).
2. GAS VENT COORDINATE INFORMATION FROM SA SURVEY CO. FOSTER WHEELER AS-BUILT REPORT 11-1-87.

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REVIEWED BY	DATE
SCALE AS NOTED	



**AREA A LANDFILL  
INSTALLATION RESTORATION SITE  
AND LANDFILL CAP  
NAVAL SUBMARINE BASE - NEW LONDON  
GROTON, CONNECTICUT**

CONTRACT NO. 0083	
OWNER NO. 038	
APPROVED BY	DATE
DRAWING NO. ENCLOSURE 2	REV. 0



**LEGEND:**

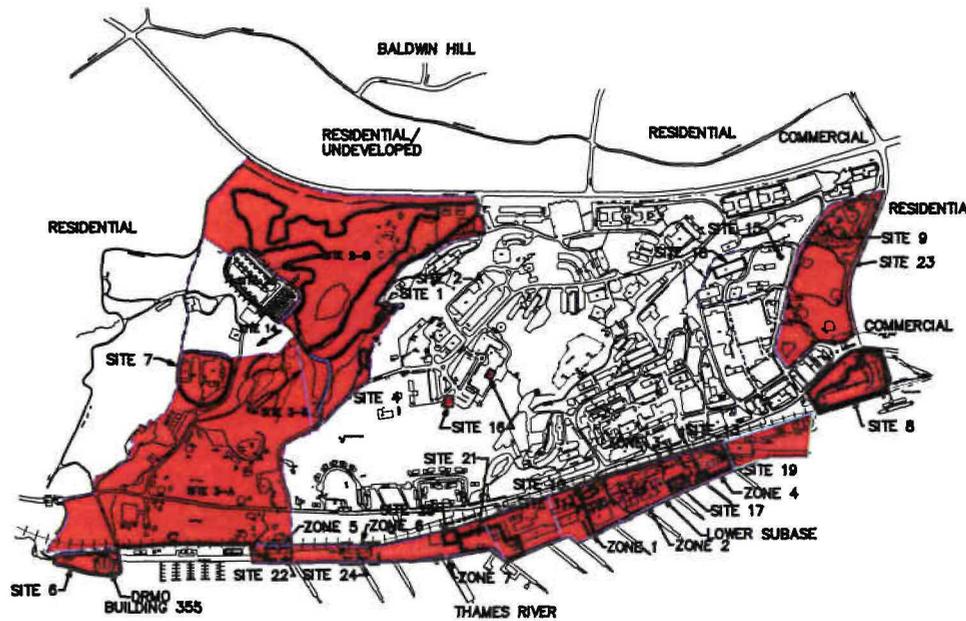
- SITE BOUNDARY
- O&G BOUNDARY
- - - LOWER SUBBASE REMEDIAL INVESTIGATION ZONE BOUNDARY
- AREA WITH LUCs ON SOIL AND/OR GROUNDWATER
- LUC LAND USE CONTROL

**SITE IDENTIFICATIONS:**

- SITE 1 - CONSTRUCTION BATTALION UNIT (CBU) DRUM STORAGE AREA
- SITE 2 - (A) AREA A LANDFILL AND (B) AREA A WETLAND
- SITE 3 - (A) AREA A DOWNSTREAM WATER COURSES AND (B) OVBANK DISPOSAL AREA (OBDA)
- SITE 4 - RUBBLE FILL AREA AT BUNKER A-86
- SITE 6 - DEFENSE REUTILIZATION AND MARKETING OFFICE (DRMO)
- SITE 7 - TORPEDO SHOPS
- SITE 8 - GOSS COVE LANDFILL
- SITE 9 - OILY WASTEWATER TANK (OT-5)
- SITE 10 - LOWER SUBBASE-FUEL STORAGE TANKS AND TANK 54-H
- SITE 11 - LOWER SUBBASE-POWER PLANT OIL TANKS
- SITE 13 - LOWER SUBBASE-BUILDING 79 WASTE OIL PIT
- SITE 14 - OVBANK DISPOSAL AREA NORTHEAST (OBDAE)
- SITE 15 - SPENT ACID STORAGE AND DISPOSAL AREA (SASDA)
- SITE 16 - HOSPITAL INCINERATORS
- SITE 17 - HAZARDOUS MATERIALS/SOLVENT STORAGE AREA (BUILDING 31)
- SITE 18 - SOLVENT STORAGE AREA (BUILDING 33)
- SITE 19 - SOLVENT STORAGE AREA (BUILDING 36)
- SITE 20 - AREA A WEAPONS CENTER
- SITE 21 - BERTH 16
- SITE 22 - PIER 33
- SITE 23 - FUEL FARM
- SITE 24 - CENTRAL PAINT ACCUMULATION AREA (BUILDING 174)
- SITE 25 - LOWER SUBBASE-CLASSIFIED MATERIALS INCINERATOR

**NOTES:**

1. THIS FIGURE SHOULD BE IN COLOR. IF IT IS NOT, PLEASE CONTACT THE ENVIRONMENTAL DEPARTMENT.
2. SITE BOUNDARIES ARE APPROXIMATE
3. SOPA (ADMIN) NEW LONDON INSTRUCTION 5080.18C (2006) INCLUDES SITE USE RESTRICTIONS FOR AREAS WITH GROUNDWATER LUCs.



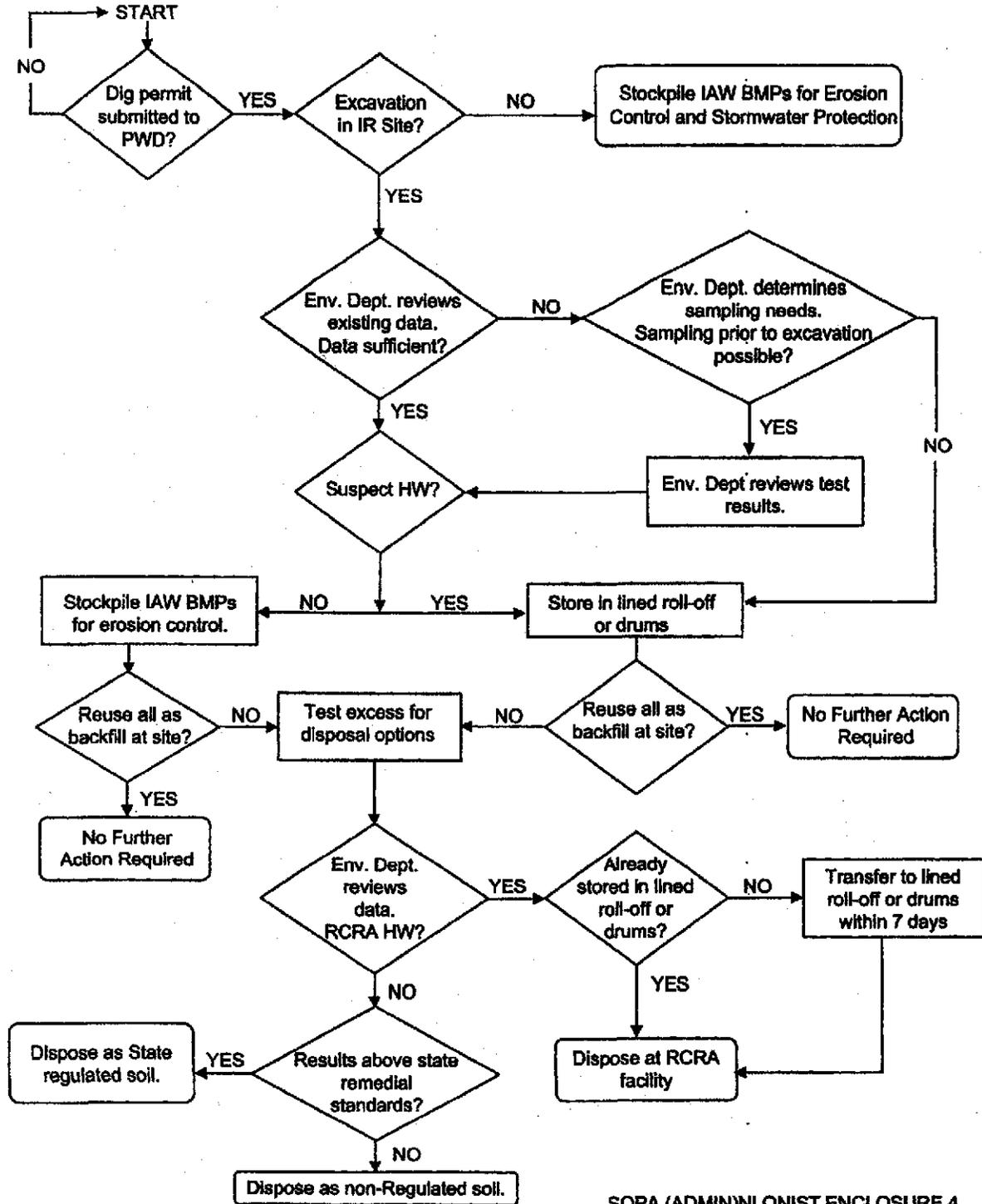
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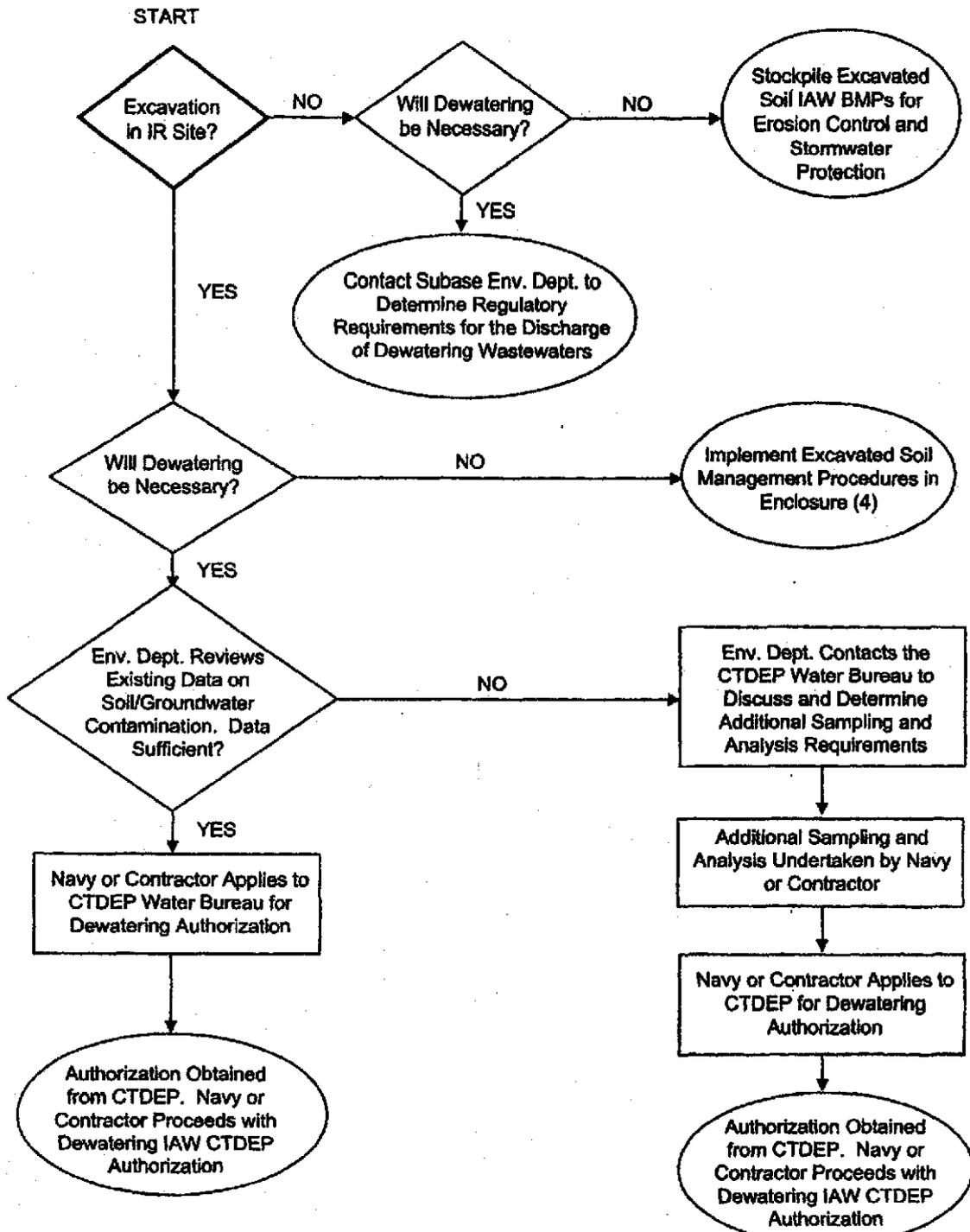
**ACTIVE INSTALLATION RESTORATION SITES  
AND AREAS WITH LAND USE CONTROLS  
NAVAL SUBMARINE BASE - NEW LONDON  
GROTON, CONNECTICUT**

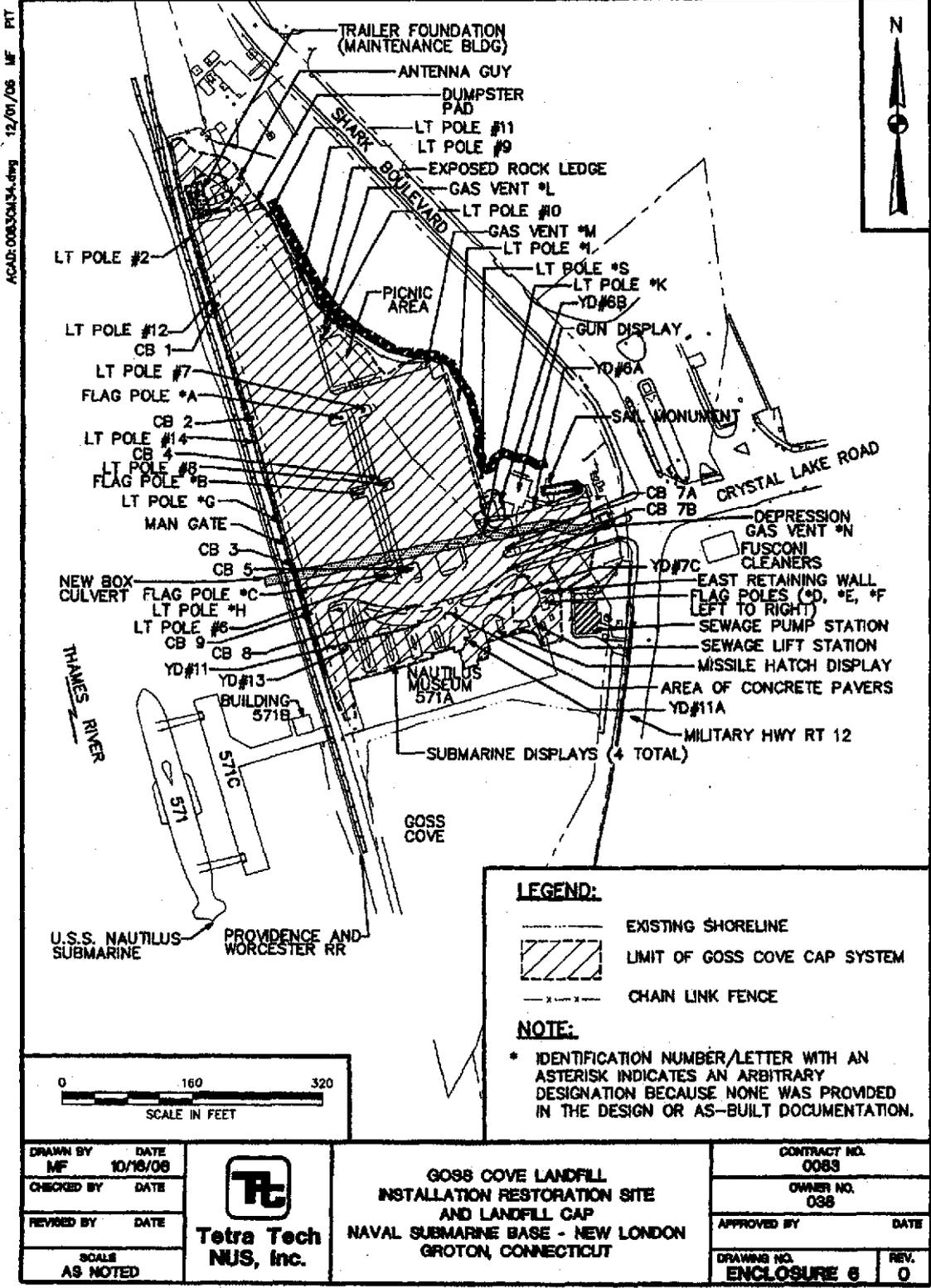
CONTRACT NO. 0083	
OWNER NO. 036	
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**EXCAVATED SOIL MANAGEMENT FOR INSTALLATION RESTORATION SITES  
NAVAL SUBMARINE BASE NEW LONDON  
GROTON, CONNECTICUT**



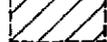
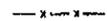
**MANAGEMENT OF DEWATERING WASTEWATERS FOR INSTALLATION RESTORATION SITES  
NAVAL SUBMARINE BASE NEW LONDON  
GROTON, CONNECTICUT**





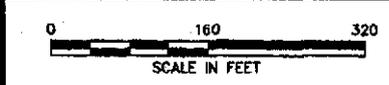
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**LEGEND:**

-  EXISTING SHORELINE
-  LIMIT OF GOSS COVE CAP SYSTEM
-  CHAIN LINK FENCE

**NOTE:**

\* IDENTIFICATION NUMBER/LETTER WITH AN ASTERISK INDICATES AN ARBITRARY DESIGNATION BECAUSE NONE WAS PROVIDED IN THE DESIGN OR AS-BUILT DOCUMENTATION.



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**GOSS COVE LANDFILL  
INSTALLATION RESTORATION SITE  
AND LANDFILL CAP  
NAVAL SUBMARINE BASE - NEW LONDON  
GROTON, CONNECTICUT**

CONTRACT NO. 0083	
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