**Appendix A: Visual Monitoring Checklist**

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| --- | --- |
| **Facility Name:** |  |
| **Inspector:** |  |
| **Date:** |  |

Evaluate each item and check whether acceptable (A) or unacceptable (U). Complete any required information, and make notes on the conditions observed, as well as corrective actions taken.

| **A** | **U** | **Notes** |
| --- | --- | --- |
|  |  | Is the working face as small as practical to reduce the potential for windblown litter or attractions of birds and animals? Estimate size of working face: \_\_\_\_\_ feet long, \_\_\_\_\_ feet wide, \_\_\_\_\_ feet high.  |
|  |  | Has cover been applied to prevent escape of waste, windblown litter, or animal attraction within the last week (cover must be applied at least once each week)? |
|  |  | Signs of damage or potential damage to any portion of the facility, including berms, trenches, ditches, or other structures? |
|  |  | Signs of erosion? |
|  |  | Signs of settlement in covered areas? |
|  |  | Any ponding or accumulation of standing water?  |
|  |  | Signs of leakage or leachate seeping? |
|  |  | Other signs of instability? |
|  |  | Litter (at landfill site and within 500 feet)? |
|  |  | Unauthorized types of waste in **or near** the disposal site? |
|  |  | Signs of fire or combustion in the disposal area? |
|  |  | Any other violations of permit conditions or regulations? |
|  |  | Waste Volume – **Estimate** how much waste has been deposited in the landfill this month. Ash: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ cubic yards Non-combustible inert waste: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ cubic yards Septage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ gallons |