

Cap Maintenance	YES	NO
<p>Has the landfill been mowed at least twice a year?</p> <p>Dates: _____ and _____</p>		
<p>Are there any eroded areas that need to be repaired?</p> <p>If yes, placed additional soil, re-graded, reseeded and mulched on:</p> <p>Date: _____</p>		
<p>Are there any depressions or areas of subsidence on the landfill or does water collect and pond on areas of the landfill after a rainfall?</p> <p>If yes, placed additional soil, re-graded, reseeded and mulched on:</p> <p>Date: _____</p>		
<p>Is a thick stand of grassy vegetation established?</p> <p>If no, reseeded and mulched on: Date: _____</p>		
<p>Are there bare spots or areas of dead vegetation?</p> <p>If yes, placed additional soil, re-graded, reseeded and mulched on:</p> <p>Date: _____</p>		
<p>Are there any areas where leachate is surfacing and pooling on the landfill?</p> <p>If yes, area around the leachate outbreak was dug out, additional clay soil placed, area regraded, reseeded and mulched on:</p> <p>Date: _____</p>		
Environmental Control Systems Maintenance		
Leachate Collection System	YES	NO
<p>Are there any leachate basins present on the landfill?</p> <p>If yes, how many? _____</p> <p>Leachate basin(s) were mowed on: Date: _____</p>		
<p>Is there an approved leachate collection system operations plan for the landfill?</p>		
<p>If yes, does it include an inspection, operation and maintenance schedule?</p>		
<p>If yes, note required actions and dates you performed the required actions:</p> <p>Date: _____ Action: _____</p> <p>Date: _____ Action: _____</p> <p>Date: _____ Action: _____</p>		

	YES	NO
<p>If no, answer the following questions: Have you inspected the basins, collection piping or other infrastructure? If yes, list the dates of inspection: Dates:_____ and _____</p>		
<p>Were problems observed? If yes, please describe. _____ _____ _____</p>		
<p>Prior to repairs or replacement parts being installed or modifications being made to the extraction system, did you contact the Solid Waste Management Program? If yes, provide the date and who you spoke with: Date:_____ Who you spoke with:_____</p>		
<p>Were repairs or replacements made to the leachate collection system? If yes, list when and describe: _____ _____ _____</p>		
<p>When inspecting the basin, how many feet would you estimate was between the leachate and the top of the berm? Est. Feet: _____</p>		
<p>If this amount was under two feet, did you initiate your approved leachate management or disposal procedures (i.e., pump and treat, land application)? If yes, please provide date and describe method used: Date:_____ Method:_____</p>		
<p>Does the system adequately manage the leachate generated by the landfill?</p>		
<p>If no, have you contacted the Solid Waste Management Program to discuss a modification to improve the system?</p>		

Methane Gas Extraction System	YES	NO
If there is a methane collection or extraction system present on the landfill:		
Is there an approved methane gas collection or extraction system design or operations plan(s) for the landfill?		
If yes, does it include an inspection, operation and maintenance schedule?		
<p>If yes, include required actions and dates you performed the required actions:</p> <p>Date: _____ Action: _____</p> <p>Date: _____ Action: _____</p> <p>Date: _____ Action: _____</p> <p>Date: _____ Action: _____</p>		
<p>If no, please answer the following questions: Have you inspected the blower, control panel, header lines/piping, connections/fittings, condensate tanks, sample ports or other parts of the system? If yes, list the dates of inspection: Dates: _____ and _____</p>		
<p>Were problems observed? If yes, describe: _____ _____ _____</p>		
<p>Prior to repairs or replacement parts being installed or modifications being made to the extraction system, did you contact the Solid Waste Management Program? If yes, provide the date and who you spoke with: Date: _____ Who you spoke with: _____</p>		
<p>Were repairs or replacements made to the system? If yes, list when and describe: Date: _____ Describe: _____ _____</p>		

Monitoring Systems' Maintenance	Yes	No
Does your landfill have methane gas monitoring wells? If yes, what is the required monitoring frequency? Weekly Monthly Quarterly (circle all that apply)		
If yes, have you conducted and submitted the results for the monitoring in the required electronic format? If yes, list dates: Dates: _____ and _____		
If methane concentrations in any well were above 2.5 percent, did you notify the Solid Waste Management Program by telephone at 573-751-5401?		
If yes, list date, time, and staff you notified: Date: _____ Time: _____ Staff Name: _____		
If the methane concentrations were above 2.5 percent did you notify:		
The local fire department?		
All property owners within 1,000 feet?		
All utility companies with underground infrastructure within 1,000 feet ?		
If yes, list date, time, and staff you notified: Date: _____ Time: _____ Staff Name: _____		
Does your landfill have groundwater monitoring wells?		
If yes, have you conducted and submitted the results for the monitoring in the required electronic format? If yes, list dates: Dates: _____ and _____		
Have you inspected all of the gas or groundwater monitoring wells to ensure they were in good condition? If yes, list dates: Dates: _____ and _____		
If any well(s) was/were in poor condition, have you repaired or replaced the well(s)? If yes, list dates: Dates: _____ and _____		
Have you notified the Solid Waste Management Program (573-751-5401) and the Division of Geology and Land Survey (573-368-2100) of any wells you repaired or replaced?		
If yes, list date, time and staff you notified: Date: _____ SWMP Staff: _____ DGSL Staff Name: _____		

	Yes	No
Have any of your wells been approved by the Solid Waste Management Program to be abandoned?		
If yes, when were they abandoned and what types of wells? Date: _____ Type: _____		
If yes, when was the Division of Geology and Land Survey notified of the abandonment? Attach copies of abandonment. Date: _____		
Other Environmental Control Systems Maintenance		
Is there an active National Pollutant Discharge Elimination System Permit, or NPDES, for the landfill?		
If yes, have you conducted and submitted the results from the required monitoring? If yes, list dates: Dates: _____ and _____		
Have stormwater structures been mowed? If yes, list dates: Dates: _____ and _____		
Have you inspected any sedimentation basins, stormwater letdowns, or other control structures? If yes, list dates: Dates: _____ and _____ Type of structure: _____		
During your inspection, did you note any areas of erosion or areas that need additional rock? If yes, dates erosion area(s) filled in and re-vegetated: Dates: _____ and _____ If yes, dates rock was placed on the structure(s) Dates: _____ and _____		
Do the stormwater control structures on the landfill adequately manage the stormwater flow? If yes, provide the date and who you spoke with: Date: _____ Who you spoke with: _____		
If you are proposing any changes to the end use of the permitted landfill (on or off of the fill area), have you discussed the changes and obtained written approval from the Solid Waste Management Program before beginning to construct or modify? If yes, date of submittal letter: Date: _____ If yes, approval granted on: Date of SWMP letter: _____		