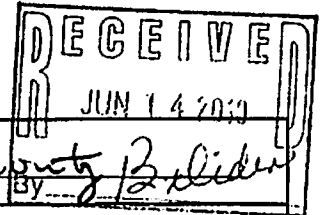


Table Post-Closure Inspection Form (Page 1 of 3)



LANDFILL: Lifton Creek OWNER: Nassau County  
 By: [Signature]

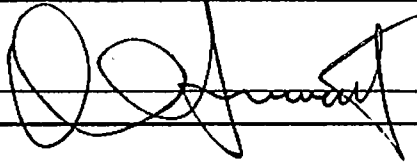
Observation Report Number: 950-2320 Date of Observation: 6/14/10  
 Time Arrived Onsite: 8:30 a Time Departed Site: 9:15 a  
 Field Personnel: Lee Pickett, Nassau County, Dan Smith 526

	YES (1)	NO	NOT OBSERVED	APPROXIMATE TIME PERIOD FOR CORRECTION (2)	COMMENT NO.
<b>Section A: Site Security</b>					
1. Entry sign damaged or missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14 days	_____
2. Any corrosion or damage to perimeter fence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14 days	_____
3. Any damage to gates and locks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14 days	_____
<b>Section B: Roads</b>					
1. Access compromised by road conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14 days	_____
2. Perimeter road compromised by road conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14 days	_____
<b>Section C: Final Cover System</b>					
1. Evidence of settlement or ponding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30 days	_____
2. Evidence of erosion, cracks, or gullies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30 days	_____
3. Evidence of erosion or sedimentation of sideslope runoff control terraces	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30 days	_____
4. Inadequate or stressed grass cover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30 days	_____
5. Grass height greater than 18 inches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30 days	_____
6. Growth of damaging weeds or saplings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30 days	_____
7. Evidence of leachate release	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14 days	_____
<b>Section D: Leachate Collection System</b>					
1. Visible damage to pumps, berms, sumps, force mains or storage tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14 Days	_____
2. Abnormal flowrates or odors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60 Days	_____
<b>Section E: Drainage Structures</b>					
1. Blockage at entrance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7 days	_____
2. Settlement of the structures/pipes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30 days	_____
3. Damage/Cracks in structures/pipes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30 days	_____
4. Excessive siltling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30 days	_____

(1) If yes, assign a comment number and see Page 3 for instructions.  
 (2) Approximate number of days from detection for correction of the inspection item.

Signature of Observer: [Signature] Date of Observation: 6/14/10

Table 1: Post-Closure Inspection Form (Page 2 of 3)

LANDFILL: <u>Little Creek</u>		OWNER: <u>Nassau County</u>			
Observation Report Number: _____			Date of Observation: <u>6/14/10</u>		
	YES (1)	NO	NOT OBSERVED	APPROXIMATE TIME PERIOD FOR CORRECTION (2)	COMMENT NO.
<b>Section F: Perimeter Drainage System</b>					
1. Sloughing of ditch slopes or berms ditches, impairment of flow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30 days	_____
2. Damaged/malfunctioning detention ponds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30 days	_____
3. Erosion of ditch slopes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30 days	_____
4. Vegetation height greater than 18 inches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60 days	①
5. Problems associated with silting, sediment level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30 days	_____
<b>Section G: Landfill Gas Management System</b>					
1. Visible damage to system components (i.e. wells, condensate piping, header piping, flare station components)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60 days	_____
2. Blockage in pipes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30 days	_____
3. Local settlement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60 days	_____
<b>Section H: Ground Water Monitoring Wells/ Gas Monitoring Probes</b>					
1. Protective casing missing or damaged	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60 days	_____
2. Concrete pads damaged or cracked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60 days	_____
3. Wells/probes unlocked, locks missing, or damaged	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60 days	_____
<b>Section I: Benchmarks and Limits</b>					
1. Benchmarks in unacceptable condition and/or not visual	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30 Days	_____
2. Limit of waste markers, damaged or missing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30 Days	_____
<b>Section J: Miscellaneous (Site Specific)</b>					
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__ days	_____
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__ days	_____
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__ days	_____
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__ days	_____
(1) If yes, assign a comment number and see Page 3 for instructions. (2) Approximate number of days from detection for correction of the inspection item.					
Signature of Observer: 			Date of Observation: <u>6/14/10</u>		

