



Florida Department of
Environmental Protection
Inspection Checklist

FACILITY INFORMATION:

Facility Name: PASCO COUNTY RESOURCE RECOVERY

On-Site Inspection Start Date: 06/27/2012

On-Site Inspection End Date: 06/27/2012

WACS No.: 45799

Facility Street Address: 14230 HAYS ROAD

City: SPRING HILL

County Name: PASCO

Zip: 34610

INSPECTION PARTICIPANTS:

(Include ALL Landfill and Department Personnel with Corresponding Titles)

Principal Inspector: Melissa Madden

Other Participants: John Power; Trey Beeson; Steve Morgan; Susan J. Pelz, PE

INSPECTION TYPE:

Routine Operation Inspection for Landfill - Class I facility

ATTACHMENTS TO THE INSPECTION CHECK LIST:

This Cover Page to the Inspection Checklist may include any or all of the following attachments as appropriate.

COMMENTS:

07/10/2012

The purpose of this inspection was to observe site conditions after Tropical Storm(TS) Debby (June 23-26, 2012). The Department received notification on June 26, 2012 from Mr. John Power, Solid Waste Manager for Pasco County, that as a result of heavy rainfall, numerous sinkholes had opened in the stormwater pond east of A-3. The features observed (~18) by Department staff during the June 27, 2012 inspection appeared to range in size from ~1' to ~50' in diameter, with depths ranging from ~1' to ~20'.

The County submitted a plan for initial investigation of the features on June 29, 2012. The Department approved this plan via email on July 2, 2012. A subsequent, detailed plan for investigation and corrective actions will be submitted to the Department for review by August 1, 2012.

ATTACHMENTS:

Inspection Date: 06/27/2012

SW pond, E A-3



SW pond, E A-3



Inspection Date: 06/27/2012

Signed:

Melissa Madden

PRINCIPAL INSPECTOR NAME

Madden

PRINCIPAL INSPECTOR SIGNATURE

FDEP

ORGANIZATION

7/13/2012

DATE

Steve Morgan

INSPECTOR NAME

NO SIGNATURE

INSPECTOR SIGNATURE

FDEP

ORGANIZATION

John Power

REPRESENTATIVE NAME

NO SIGNATURE

REPRESENTATIVE SIGNATURE

Pasco County

ORGANIZATION

Trey Beeson

REPRESENTATIVE NAME

NO SIGNATURE

REPRESENTATIVE SIGNATURE

CDM Smith

ORGANIZATION

Susan J. Pelz, PE

REPRESENTATIVE NAME

NO SIGNATURE

REPRESENTATIVE SIGNATURE

FDEP

ORGANIZATION

Supervisor: Stephanie Watson

NOTE: By signing this document, the Site Representative only acknowledges receipt of this Inspection Report and is not admitting to the accuracy of any of the items identified by the Department as "Not Ok" or areas of concern.