



**Florida Department of
Environmental Protection
Inspection Checklist**

FACILITY INFORMATION:

Facility Name: J.E.D LANDFILL (F/K/A OAK HAMMOCK DISPOSAL)

On-Site Inspection Start Date: 05/06/2014

On-Site Inspection End Date: 05/06/2014

WACS No.: 89544

Facility Street Address: 1501 OMNI WAY

City: SAINT CLOUD

County Name: OSCEOLA

Zip: 34773

INSPECTION PARTICIPANTS:

(Include ALL Landfill and Department Personnel with Corresponding Titles)

Principal Inspector: Kimberly M. Rush, Engineer

Other Participants: Mike Kaiser, Engineer; Patrick Farris, Inspector; Mary Lawrence, Inspector

INSPECTION TYPE:

Construction Completion Certification 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:

05/08/2014

This inspection was conducted for the installation of the bottom liner system for Cell 10. At the time of this inspection, multiples layers were being installed in sequence. Comanco was the liner installer and Brantly Engineering was performing CQA. The Cell 9 tie in area was clean and free of any leachate seeps on the Cell 9 side slope area. The geonet leachate collection layer was not being tied in to the Cell 9 layer due to the geocomposite flap on the Cell 9 design. The Cell 10 floor was clean and free of loose material and heavy machinery. CQA and testing was being performed.

ATTACHMENTS:

Inspection Date: 05/06/2014

Leachate Trench



Cell 9 - 10 Interface



Cell Floor



Anchor Trench



Inspection Date: 05/06/2014

Signed:

Kimberly M. Rush	Engineer
PRINCIPAL INSPECTOR NAME	PRINCIPAL INSPECTOR TITLE

	FDEP	5/13/2014
PRINCIPAL INSPECTOR SIGNATURE	ORGANIZATION	DATE

Patrick Farris	Inspector
INSPECTOR NAME	INSPECTOR TITLE

NO SIGNATURE	FDEP
INSPECTOR SIGNATURE	ORGANIZATION

Mary Lawrence	Inspector
INSPECTOR NAME	INSPECTOR TITLE

NO SIGNATURE	FDEP
INSPECTOR SIGNATURE	ORGANIZATION

Mike Kaiser	Engineer
REPRESENTATIVE NAME	REPRESENTATIVE TITLE

NO SIGNATURE	JED
REPRESENTATIVE SIGNATURE	ORGANIZATION

Supervisor: Tom Lubozynski

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.