



GEORGIA

DEPARTMENT OF NATURAL RESOURCES

ENVIRONMENTAL PROTECTION DIVISION

Richard E. Dunn, Director

Mountain District Office

16 Center Road
Cartersville, Georgia 30121
770-387-4900

Correspondence:
Post Office Box 3250
Cartersville, Georgia 30120

Sam Buckles
Environmental Science Manager
Forsyth County
1950 Sharon Road
Cumming, Georgia 30041

OCT 29 2019

RE: Post Closure Landfill Inspection
Hightower Road Landfill Phase I & II
Permit No. 058-006D(SL)
Forsyth County

Dear Mr. Buckles:

On October 24, 2019, a representative of the Environmental Protection Division (EPD) conducted an inspection at the referenced facility. This inspection was carried out to determine your facility's compliance status with the Georgia Comprehensive Solid Waste Management Act and the Georgia Rules for Solid Waste Management.

Enclosed is a copy of the Evaluation Report. Please review the comment section (page 3) of the report to see concerns that were discussed with you and Mr. Joel Scott on day of inspection. If you have any questions please call me at (770) 387-4900.

Sincerely,

Jason Rogers
Environmental Compliance Specialist
Mountain District Office

Enclosure: Inspection Report

C: EPD Solid Waste Management Program, Suite 104

Tim Allen
Environmental Program, Keep Forsyth Beautiful
110 East Main Street, Suite 120
Cumming, GA 30040



ENVIRONMENTAL PROTECTION DIVISION

Land Protection Branch
4244 International Parkway, Ste 104
Atlanta, Georgia 30354

Post-Closure Checklist

Facility Name: Forsyth County - Hightower Road Phase I & II

Permit No.: 058-006D(SL)

Date of Closure Notification: 7/14/1999

Date Closure Certificate Issued: 7/14/1999

DOCUMENTATION

	YES	NO	N/A
1. Does the facility have an approved closure/post closure care plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the facility have an approved groundwater monitoring plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the facility have an approved methane monitoring plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the groundwater monitoring system been approved?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has groundwater monitoring data been submitted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has methane monitoring data been submitted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has all certification documentation been submitted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. If applicable, has final cover test data been submitted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has financial mechanism been submitted and accepted? (if governmental municipality ceased excepting waste on or before April 8, 1994 not required - all private sites required)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Will this facility be used for any solid waste handling purposes after closure? If so, what?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. If facility is to be used for a solid waste purpose after closure, have all appropriate documents been submitted to Division?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Water Monitoring System

- 1. Wells have been installed in accordance with approved groundwater monitoring plan, and are in good condition.
- 2. Wells are easily accessible.
- 3. Wells are marked in accordance with plans.
- 4. Wells are locked.
- 5. Pad are in good condition.
- 6. Surface water monitoring points are marked and accessible.

Methane Monitoring System

- 1. Methane monitoring wells have been installed in accordance with approved plan and in satisfactory condition.
- 2. Monitoring points are marked in accordance with plan.
- 3. Pads, if applicable, are in good condition.

Erosion & Sedimentation Control

- 1. Sediment pond has been cleaned.
- 2. Silt markers are located in pond.
- 3. Downdrains, checkdams, etc. located as specified on plan.

Final Cover

- 1. All waste has been completely covered.
- 2. Facility has been adequately vegetated and mulched.

Miscellaneous

- 1. Access control is satisfactory.
- 2. Closure signs have been posted.
- 3. All litter has been picked up and properly disposed of.
- 4. All equipment, unnecessary structures and excess materials have been removed from landfill property.

Time of inspection: 9:00 a.m. p.m.

Weather Conditions: Sunny and Clear

Reason for inspection: **Routine**

Other _____

Discussed with:

Name	Title	Address	Telephone
Joel Scott	Consultant (Atlantic Coast Consulting)	678-296-9825	
<u>jscott@atlcc.net</u>			

Sam Buckles	Environmental Science Manager	1950 Sharon Road, Cumming, GA 30041	678-513-5892
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Copy of this report submitted to:

Name	Title	Address	Telephone
Tim Allen	Environmental Program	Keep Forsyth Beautiful	
110 East Main Street, Suite 120		Cumming, Georgia 30040	678-965-7130

Joel Scott	<u>jscott@atlcc.net</u>		
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Sam Buckles	Environmental Science Manager	1950 Sharon Road, Cumming, GA 30041	678-513-5892
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Photographs: Yes No Location _____

Inspector: Jason Rogers

Reviewer: Kevin Dallmier

Review Date: 10-28-19

Attachments:

Comments:

Remove woody vegetation from slopes.

Operating Records for Facilities in Post Closure

	Compliance Status			
	Director Notified	In	Out	N/A
A. Groundwater Monitoring				
1. Approved plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Certification of installation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Monitoring reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Gas Monitoring				
1. Quarterly monitoring results	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If methane exceeds limits provide written record				
a. Within 7 days, levels detected and steps taken to protect human health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Within 60 days, implementation of remediation plan and Director notified	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Closure and Post Closure Criteria				
1. Closure Criteria				
a. Approved plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Notice of final closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Copy of deed to include:				
1. Notice of landfill operation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Legal description location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Type of waste deposited	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Confirmation (written) of b & c recorded on deed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Signed compliance certification by GA P.E.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Post Closure Criteria				
a. Approved plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Results of all monitoring activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Notice to Director within 5 days of exceedance of standards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Remediation plan within 30 days	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. copy of written approval for removal of any contaminated material	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Financial Assurance				
1. Written cost estimates	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Copy of financial instrument	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Written justification for reduction in cost of reimbursements paid out	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Notice to Director for any of the above if necessary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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DEPARTMENT OF NATURAL RESOURCES

ENVIRONMENTAL PROTECTION DIVISION

Richard E. Dunn, Director

Mountain District Office

16 Center Road
Cartersville, Georgia 30121
770-387-4900

Correspondence:
Post Office Box 3250
Cartersville, Georgia 30120

Sam Buckles
Environmental Science Manager
Forsyth County
1950 Sharon Road
Cumming, Georgia 30041

OCT 29 2019

RE: Post Closure Landfill Inspection
Hightower Road Landfill Phase III
Permit No. 058-009D(SL)
Forsyth County

Dear Mr. Buckles:

On October 24, 2019, a representative of the Environmental Protection Division (EPD) conducted an inspection at the referenced facility. This inspection was carried out to determine your facility's compliance status with the Georgia Comprehensive Solid Waste Management Act and the Georgia Rules for Solid Waste Management.

Enclosed is a copy of the Evaluation Report. Please review the comment section (page 3) of the report to see concerns that were discussed with you and Mr. Joel Scott on day of inspection. If you have any questions please call me at (770) 387-4900.

Sincerely,

Jason Rogers
Environmental Compliance Specialist
Mountain District Office

Enclosure: Inspection Report

C: EPD Solid Waste Management Program, Suite 104

Tim Allen
Environmental Program, Keep Forsyth Beautiful
110 East Main Street, Suite 120
Cumming, GA 30040



ENVIRONMENTAL PROTECTION DIVISION

Land Protection Branch
4244 International Parkway, Ste 104
Atlanta, Georgia 30354

Post-Closure Checklist

Facility Name: Forsyth County - Hightower Road Phase III

Permit No.: 058-009D(SL)

Date of Closure Notification: 7/14/1999

Date Closure Certificate Issued: 7/14/1999

DOCUMENTATION

	YES	NO	N/A
1. Does the facility have an approved closure/post closure care plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the facility have an approved groundwater monitoring plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the facility have an approved methane monitoring plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the groundwater monitoring system been approved?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has groundwater monitoring data been submitted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has methane monitoring data been submitted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has all certification documentation been submitted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. If applicable, has final cover test data been submitted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has financial mechanism been submitted and accepted? (if governmental municipality ceased excepting waste on or before April 8, 1994 not required - all private sites required)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Will this facility be used for any solid waste handling purposes after closure? If so, what?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. If facility is to be used for a solid waste purpose after closure, have all appropriate documents been submitted to Division?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Water Monitoring System

- | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 1. Wells have been installed in accordance with approved groundwater monitoring plan, and are in good condition. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Wells are easily accessible. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Wells are marked in accordance with plans. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Wells are locked. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Pad are in good condition. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Surface water monitoring points are marked and accessible. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Methane Monitoring System

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 1. Methane monitoring wells have been installed in accordance with approved plan and in satisfactory condition. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Monitoring points are marked in accordance with plan. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Pads, if applicable, are in good condition. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Erosion & Sedimentation Control

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 1. Sediment pond has been cleaned. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Silt markers are located in pond. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Downdrains, checkdams, etc. located as specified on plan. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Final Cover

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 1. All waste has been completely covered. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Facility has been adequately vegetated and mulched. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Miscellaneous

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 1. Access control is satisfactory. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Closure signs have been posted. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. All litter has been picked up and properly disposed of. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. All equipment, unnecessary structures and excess materials have been removed from landfill property. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Time of inspection: 9:00 a.m. p.m.

Weather Conditions: Sunny and Clear

Reason for inspection: **Routine**

Other _____

Discussed with:

Name	Title	Address	Telephone
Joel Scott	Consultant (Atlantic Coast Consulting)	678-296-9825	
jscott@atlcc.net			

Sam Buckles	Environmental Science Manager	1950 Sharon Road, Cumming, GA 30041	678-513-5892
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Copy of this report submitted to:

Name	Title	Address	Telephone
Tim Allen	Environmental Program	Keep Forsyth Beautiful	
110 East Main Street, Suite 120		Cumming, Georgia 30040	678-965-7130

Joel Scott jscott@atlcc.net

Sam Buckles	Environmental Science Manager	1950 Sharon Road, Cumming, GA 30041	678-513-5892
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Photographs: Yes No Location _____

Inspector: Jason Rogers

Reviewer: Kevin Dallmier

Review Date: 10-28-19

Attachments:

Comments:

Clear dirt and debris from methane well pads.

Operating Records for Facilities in Post Closure

	Compliance Status			
	Director Notified	In	Out	N/A
A. Groundwater Monitoring				
1. Approved plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Certification of installation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Monitoring reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Gas Monitoring				
1. Quarterly monitoring results	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If methane exceeds limits provide written record				
a. Within 7 days, levels detected and steps taken to protect human health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Within 60 days, implementation of remediation plan and Director notified	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Closure and Post Closure Criteria				
1. Closure Criteria				
a. Approved plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Notice of final closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Copy of deed to include:				
1. Notice of landfill operation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Legal description location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Type of waste deposited	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Confirmation (written) of b & c recorded on deed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Signed compliance certification by GA P.E.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Post Closure Criteria				
a. Approved plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Results of all monitoring activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Notice to Director within 5 days of exceedance of standards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Remediation plan within 30 days	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. copy of written approval for removal of any contaminated material	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Financial Assurance				
1. Written cost estimates	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Copy of financial instrument	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Written justification for reduction in cost of reimbursements paid out	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Notice to Director for any of the above if necessary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Richard E. Dunn, Director

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16 Center Road
Cartersville, Georgia 30121
770-387-4900

Correspondence:
Post Office Box 3250
Cartersville, Georgia 30120

Sam Buckles
Environmental Science Manager
Forsyth County
1950 Sharon Road
Cumming, Georgia 30041

OCT 29 2019

RE: Post Closure Landfill Inspection
Hightower Road Landfill Phase IV
Permit No. 058-010D(SL)
Forsyth County

Dear Mr. Buckles:

On October 24, 2019, a representative of the Environmental Protection Division (EPD) conducted an inspection at the referenced facility. This inspection was carried out to determine your facility's compliance status with the Georgia Comprehensive Solid Waste Management Act and the Georgia Rules for Solid Waste Management.

Enclosed is a copy of the Evaluation Report. Please review the comment section (page 3) of the report to see concerns that were discussed with you and Mr. Joel Scott on day of inspection. If you have any questions please call me at (770) 387-4900.

Sincerely,

Jason Rogers
Environmental Compliance Specialist
Mountain District Office

Enclosure: Inspection Report

C: EPD Solid Waste Management Program, Suite 104

Tim Allen
Environmental Program, Keep Forsyth Beautiful
110 East Main Street, Suite 120
Cumming, GA 30040



ENVIRONMENTAL PROTECTION DIVISION

Land Protection Branch
4244 International Parkway, Ste 104
Atlanta, Georgia 30354

Post-Closure Checklist

Facility Name: Forsyth County - Hightower Road Phase IV

Permit No.: 058-010D(SL)

Date of Closure Notification: 7/14/1999

Date Closure Certificate Issued: 7/14/1999

DOCUMENTATION

YES NO N/A

- | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Does the facility have an approved closure/post closure care plan? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the facility have an approved groundwater monitoring plan? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the facility have an approved methane monitoring plan? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the groundwater monitoring system been approved? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has groundwater monitoring data been submitted? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has methane monitoring data been submitted? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has all certification documentation been submitted? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. If applicable, has final cover test data been submitted? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has financial mechanism been submitted and accepted?
(if governmental municipality ceased excepting waste on or before
April 8, 1994 not required - all private sites required) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Will this facility be used for any solid waste handling purposes
after closure? If so, what? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. If facility is to be used for a solid waste purpose after closure,
have all appropriate documents been submitted to Division? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Water Monitoring System

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 1. Wells have been installed in accordance with approved groundwater monitoring plan, and are in good condition. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Wells are easily accessible. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Wells are marked in accordance with plans. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Wells are locked. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Pads are in good condition. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Surface water monitoring points are marked and accessible. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Methane Monitoring System

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
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Erosion & Sedimentation Control

- | | | | |
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Final Cover

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| 1. All waste has been completely covered. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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Miscellaneous

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 1. Access control is satisfactory. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Closure signs have been posted. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. All litter has been picked up and properly disposed of. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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Time of inspection: 9:00 a.m. p.m.

Weather Conditions: Sunny and Clear

Reason for inspection: **Routine** **Other** _____

Discussed with:

Name	Title	Address	Telephone
Joel Scott	Consultant (Atlantic Coast Consulting)	678-296-9825	
jscott@atlcc.net			

Sam Buckles	Environmental Science Manager	1950 Sharon Road, Cumming, GA 30041	678-513-5892
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Copy of this report submitted to:

Name	Title	Address	Telephone
Tim Allen	Environmental Program	Keep Forsyth Beautiful	
110 East Main Street, Suite 120		Cumming, Georgia 30040	678-965-7130

Joel Scott	jscott@atlcc.net		
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Sam Buckles	Environmental Science Manager	1950 Sharon Road, Cumming, GA 30041	678-513-5892
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Photographs: Yes No Location _____

Inspector: Jason Rogers

Reviewer: Kevin Dallmeyer Review Date: 10-28-19

Attachments:

Comments:

Operating Records for Facilities in Post Closure

	Compliance Status			
	Director Notified	In	Out	N/A
A. Groundwater Monitoring				
1. Approved plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Certification of installation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Monitoring reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Gas Monitoring				
1. Quarterly monitoring results	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If methane exceeds limits provide written record				
a. Within 7 days, levels detected and steps taken to protect human health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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C. Closure and Post Closure Criteria				
1. Closure Criteria				
a. Approved plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Notice of final closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Copy of deed to include:				
1. Notice of landfill operation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Legal description location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Type of waste deposited	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Confirmation (written) of b & c recorded on deed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Signed compliance certification by GA P.E.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Post Closure Criteria				
a. Approved plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Results of all monitoring activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Notice to Director within 5 days of exceedance of standards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Remediation plan within 30 days	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. copy of written approval for removal of any contaminated material	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Financial Assurance				
1. Written cost estimates	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Copy of financial instrument	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Written justification for reduction in cost of reimbursements paid out	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Notice to Director for any of the above if necessary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>