

LANDFILL EROSION AND SEDIMENTATION REVIEW

_____ County Soil and Water Conservation District

Date of Landfill Review: _____ **Previous Landfill Review:** _____

Name of Landfill: _____

Location: _____

Manager/Operator: _____

Review Team: _____ Supervisor, SWCD
_____ Solid Waste Inspector, IDEM
_____ SWCD/Field Office Technical Representative

List Additional Participants at the Review:

Copies of This Landfill Report Have Been Provided to:

1. Landfill Representative
2. Commissioner
Attn: Solid Waste Technical Compliance
Department of Environmental Management
100 North Senate, Room N1154
Indianapolis, Indiana 46204
3. Division of Soil Conservation
Indiana State Department of Agriculture
One North Capitol Avenue, Suite 600
Indianapolis, IN 46204
4. _____ County Soil and Water Conservation District
5. Board of County Commissioners
6. IDEM Solid Waste Inspector

This report was compiled on behalf of the Review Team by: _____

(Signature)

(Revised 2/99)

1. Is There Evidence of Erosion? Yes No

- Are there gullies over 9 inches in depth? Yes No

Description and Location:

2. Is There Evidence of Off-Site Sedimentation? Yes No

- Is runoff from disturbed areas being treated by appropriate sediment control measures? Yes No
- Are the sediment control practices installed and functioning properly? Yes No
- Have the sediment control practices been maintained? Yes No
- Are borrow pits being maintained in a manner that will minimize erosion and sedimentation? Yes No

Description and Location:

3. Have Appropriate Measures Been Implemented to Stabilize Inactive Portions of the Landfill? Yes No

- Are all final contours seeded and fertilized? Yes No
- Has erosion control blanket or anchored mulch been applied to permanently seeded areas? Yes No
- If vegetative stabilization was not achieved, was a suitable cover of anchored mulch or another alternative utilized to control erosion? Yes No
- Have areas with intermediate cover, that have not received waste for 60 days, been adequately stabilized through use of vegetative or synthetic cover or appropriate erosion and sediment control measures? Yes No
- Do existing vegetated areas require maintenance? Yes No

Description and Location:

4. Has Progress Been Made Since the Last Visit? Yes No

Description:

5. Recommendations (Include Time Frames for Completion):

6. For Additional Information and Assistance, Please Contact:

_____ County SWCD

Phone: ()

FAX: ()