

APPENDIX Q
RECORDKEEPING FORMS

**LOAD CHECKING PROGRAM
TRAINING DOCUMENTATION**

Site
Location: _____

Date of
Training: _____ **Instructor:** _____

Employee Name	Title	Employee Signature
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

I hereby certify that the identified personnel have completed awareness training on Special Waste, Hazardous Waste, and Potentially Harmful Waste.

Signature of Instructor: _____

LANDFILL NAME:

**LANDFILL GAS MONITORING
FIELD DATA SHEET 1**

Site: _____ Personnel: _____ Date: _____	METEOROLOGIC DATA: Attach data from preceding days (Optional) Ambient Temperature: _____ Barometric Pressure: _____ (inches Hg.) Cumulative Rainfall Since Previous Monitoring Event: _____ Measurement Sta.: <input type="checkbox"/> NOAA _____ <input type="checkbox"/> On-Site _____ <input type="checkbox"/> Other _____
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MONITORING LOCATION TYPE: Monitoring Probe: <input type="checkbox"/> Continuous Monitor: <input type="checkbox"/> Hand Held (Ambient): <input type="checkbox"/>	(Use separate Field Data Sheets for each type of data) FIELD INSTRUMENTATION: (Attach calibration data) LEL Meter: Mod. NO.: _____ S/N: _____ Calib Date/Time: _____ Pressure Gauge: Mod. NO.: _____ S/N: _____ Calib Date/Time: _____ Water Level Meter: Mod. NO.: _____ S/N: _____ Calib Date/Time: _____ Other: _____ Mod. NO.: _____ S/N: _____ Calib Date/Time: _____
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LOCATION IDENTIFICATION:						
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Monitoring Probe Construction: Total Depth (feet) _____ Depth to Top of Screen (feet) _____ Monitoring Probe Condition: Clearly Labeled? <input type="checkbox"/> Yes <input type="checkbox"/> No Protective Casing. In Good Condition? <input type="checkbox"/> Yes <input type="checkbox"/> No Concrete Pad Intact? <input type="checkbox"/> Yes <input type="checkbox"/> No Padlock Functional? <input type="checkbox"/> Yes <input type="checkbox"/> No Inner casing properly capped? <input type="checkbox"/> Yes <input type="checkbox"/> No Sample fitting in Good Condition? <input type="checkbox"/> Yes <input type="checkbox"/> No Indication of underground fire? <input type="checkbox"/> Yes <input type="checkbox"/> No Field Measurements: Time of Measurement _____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM Probe Gas Temperature _____ Pressure (inches W.C.) _____ Observed % Methane _____						
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Computed % LEL = (20) x (Observed % Methane)

% LEL _____ Depth to Water (feet) _____ Does Water Cover Top of Screen: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "yes", Pressure & LEL measurements are invalid</small>						
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I hereby state that these data were obtained in accordance with the site-specific "Monitoring Plan for Explosive Gases".

Signature: _____ Date: _____

RCRA EMPTY CONTAINER CERTIFICATION

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE, THE CONTAINERS WHICH ONCE HELD

_____ REPRESENTED ON WASTE PROFILE SHEET NUMBER _____,

WERE NEVER USED TO STORE PCB'S (Pursuant to 40 CFR parts 261 and 761) AND MEET THE FOLLOWING DEFINITION OF "EMPTY" (Pursuant to 40 CFR § 261.7 (b)(1)(2)(3)):

1. A container that has held a waste or product, except a waste or product that is a compressed gas or that is identified as an acute hazardous waste listed in §§ 261.31, 261.32 or 261.33(e) of 40 CFR 261, IS EMPTY IF:
 - a) All waste has been removed using the practices commonly employed to remove materials from that type of container (i.e., pouring, pumping, and aspirating), AND
 - b) No more than 2.5 centimeters (one inch) of residue remains on the bottom of the container, OR
 - c)
 - i. No more than 3 percent by weight of the total capacity of the container remains in the container if the container is \leq 110 gallons in size, or
 - ii. No more than 0.3 percent by weight of the total capacity of the container remains in the container if the container is $>$ 110 gallons in size.
2. A container that has held a waste or product that is a compressed gas is empty when the container approaches atmospheric pressure.
3. A container that has held an acute hazardous waste listed in § 261.31, 261.32, or 261.33(e) is empty if the container has been triple rinsed.

Representatives Name (Printed)

Company/Title

Representatives Signature

Date

Special Waste Management Policy
"LANDFILL FACILITY NAME"

SPECIAL WASTE GATE ACCEPTANCE CHECKLIST

(Indicate YES or NO)

		YES	NO
Approval on file for waste stream.			
Load volume verified.			
Manifest complete and in order.			
	Current manifest form.		
	Information on the manifest matches approval letter/profile sheet.		
	Manifest signed by generator.		
	Manifest signed by transporter.		
	Volume Correct.		
Waste conforms to material described in the Waste Profile Sheet.			
Representative sample of load obtained.			
Sample subjected to the following tests:			
	Paint Filter Test: free liquids present.		
	Ignitability Test: flash, ignite, fume		
	pH Test: Actual pH of sample.		
	Other: as indicated on approval letter.		
Remaining sample returned to load for disposal.			
Information regarding load logged into operating log.			
Manifest signed by landfill representative and copy placed in manifest file.			
Remaining copies forwarded to appropriate facilities via mail.			

Signature: _____

Date: _____

Department of Environmental Quality – Solid Waste Management

Appendix B. Special Waste Manifest

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
SPECIAL WASTE MANIFEST

Generator	1. Generator's AZ ID No.		Emergency Response Notification Phone Number	
	3. Generator's Name and Mailing Address			
	Generator's Phone Number and Area Code			
	4. Transporter 1 Company Name and Mailing Address		Transporter's AZ ID No.	
			Transporter's Phone No.	
	5. Transporter 2 Company Name and Mailing Address		Transporter's AZ ID No.	
			Transporter's Phone No.	
	6. Primary Receiving Facility Name and Address (physical site location, if different)		Facility's AZ ID No.	
			Facility's Phone No.	
	7. Alternate Receiving Facility Name and Address (physical site location, if different)		Facility's AZ ID No.	
		Facility's Phone No.		
8. U.S. DOT description, (if applicable) (Non-DOT regulated materials enter shipping name, physical state and description of all contents of waste)		Containers No.	Total Quantity	Unit Wt/Vol
		Mark "X" if Haz Mat		
9. Additional information on transportation, treatment, storage, or disposal				
10. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled and are in all respects in proper condition for transport by highway according to applicable international and governmental regulations.				Date
Printed/Typed Name		Signature		
Transport	11. Transporter 1 Acknowledgment of Receipt of Materials			Date
	Printed/Typed Name		Signature	
	12. Transporter 2 Acknowledgment of Receipt of Materials			Date
	Printed/Typed Name		Signature	
Facility	13. Discrepancy Indication Space			
	14. Facility Owner or Operator: Certification of receipt of special waste materials covered by this manifest except as noted in above item.			Date
	Printed/Typed Name		Signature	

Department of Environmental Quality – Solid Waste Management

Instructions for the Completion of the ADEQ Special Waste Manifest

1. Enter the generator's Arizona Identification Number in box 1.
2. Enter the Emergency Response Notification Phone Number in box 2.
3. Enter the generator's name and complete mailing address, including city, state, and zip code, along with the generator's phone number, including the area code, in box 3.
4. Enter the transporter's name, transporter's Arizona identification number, and telephone number, including the area code, in box 4.
5. Complete this box if a second transporter is to be used to transport the special waste to the receiving facility, following the instructions outlined in number 4 in box 5.
6. Enter the name, address, and physical site location of the primary special waste receiving facility. In the appropriate spaces, include the facility's Arizona identification number and the telephone number, including the area code, in box 6.
7. Enter the name, address, and physical site location of the alternate special waste receiving facility. In the appropriate spaces, include the facility's Arizona identification number and the telephone number, including the area code, in box 7.
8. Enter United States Department of Transportation description (Including proper shipping name, hazard class, and identification number, if applicable) (For all non-Department of Transportation-regulated materials, enter the proper name, physical state, and description of all contents of the waste).

Mark an "X" in this column if waste is classified as a hazardous material.

Container Number

Enter the number of containers being shipped for each waste.

Total Quantity

Numerical value representing the number of containers multiplied by the container size. Answer will be listed in pounds, gallons, or cubic yards.

Unit weight or volume

P - Pounds

G - Gallons

Y - Cubic Yards

9. Use this space to indicate special transportation, treatment, storage, or disposal information. Emergency response telephone numbers or similar information may be included here in box 9.
10. Print or type the generator's name followed by their signature and date in box 10.
11. Print or type the primary transporter's name followed by their signature and date in box 11.
12. Print or type the secondary transporter's name followed by their signature and date in box 12.
13. Indicate significant discrepancies in this box. Significant manifest discrepancy is defined as "a difference of more than 10% by weight for bulk shipments, any variation in a piece count for batch deliveries, or an obvious difference in a special waste type is discovered by inspection or analysis between the type or amount of a special waste designated in a special waste manifest, and the type or amount received by a special waste receiving facility" in box 13.
14. Print or type the receiving facility's owner or operator name followed by their signature and date in box 14.

Historical Note

Appendix B recodified from 18 A.A.C. 8, Article 3, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).