

Facility Name: \_\_\_

## **Solid Waste Transfer Station Inspection Report**

\_\_\_\_\_Insp. Date: \_\_\_\_\_

Facility Address:						Time In:	Time Out:	_
Owner/Operator: Pho					Phone:	Email:		
Waste Transporter: Frequency o					Frequency of waste transportation:			
Fina	al des	stinat	ion d	of waste/landill waste is taken to:				
Incr	nectic	n Tv	ne.	□ Routine □ Follow-up □ Compla	uint (ID Number ) □ Multi	imedia □ Other		
		-						
	-			ative(s):	ADEQ Repre	sentative (s):		
Insp	pectio	on Re	port	presented to:(Name & T	itlo)		gnature)	
				(Name & 1	ine)	(3)	gnature)	
Yes	No	N/A	P*	ARS § 49-762.07 et. al. Facility Notification:		Comme	nts:	
				Has the facility filed a notice with the Department?				
				Was the Notification filed on or after Se	•			
If yes, does the notification contain a lega				If yes, does the notification contain a le	gal description?			
Does the notification contain a descripti					on of waste storage and treatment			
				equipment and methods of waste mana	5 ,			
				volumes handled and time the waste re				
Does the notification contain a diagram of the solid waste facility or facilities?				-	of the property showing the location			
	Are all the descriptions of waste storage, treatment, equipment, and							
	methods of waste management accurate current and complete?							
				ARS § 49-762.07 et. al.				
	Does the facility operate in a manner that controls wind dispersion and other			r				
				surface dispersion of solid waste?				
				Does the facility have on-site windblown	•			
		Does the facility have off-site windblown litter? If yes, see comment						
				Is solid waste dispersed beyond the fac regular basis by the facility operator?	ility boundaries collected on a			
Does the facility accep				Does the facility accept the following ty	pes of solid waste? (please circle)			
				Household	Tires			
				Green waste/yard clippings	Used Oil			
				Appliances	Paint			
				Commercial	E-waste			
				Batteries	Appliances (refrigerant)			
				Construction				
If other waste is accepted, see comm								
	1		-	Does the facility participate in recycling?				
	1	1		Does the facility participate in recycling?  Does the facility control discharge of hazardous substances?		_		
				Does the facility control discharge of flazardous substances:  Does the facility control public access to medical waste generated by				
			healthcare facilities?					
				Does the facility control public access to special waste?				
				Is ponding present?				
				Is drainage directed away from the disposal/storage area?				
				Is run-on drainage directed away from the disposal/storage area?				
	Is the facility operated in a manner that controls for							
				Is there vegetation or flammable items				
				Is there evidence of vectors or vector b	reeding?			
	1			Is the petrescible waste bagged?		1		

Insp. ID: \_\_\_\_\_

<sup>\*</sup> P: Photographs are available upon request