



Solid Waste Transfer Facility Inspection Report

Facility Name:		Waste Transporter:	
Total Number of Employees:		Frequency of Transportation:	
Hours of Operation:		Daily Throughput Volume: (cubic yards)	

Notification/Registration Requirements:

ARS § 49-762.07 ET. AL.

1	Has the Facility filed notification to the Department?	Y: <input type="checkbox"/> N: <input type="checkbox"/>				
2	<ul style="list-style-type: none"> • Was the notification filed on or after September 1, 1996? 	Y: <input type="checkbox"/> N: <input type="checkbox"/>				
3	Has the Facility registered with the Department as a solid waste facility subject to self-certification? <i>(If no, item 'a' below is N/A)</i>	Y: <input type="checkbox"/> N: <input type="checkbox"/>				
3a	<ul style="list-style-type: none"> • Has the Facility submitted an annual registration fee? 	Y: <input type="checkbox"/> N: <input type="checkbox"/>				
4	Is training provided for employees? <i>(If yes, answer items 'a' through 'f' below)</i>	Y: <input type="checkbox"/> N: <input type="checkbox"/>				
4a	Does it include Waste Identification training?	Y: <input type="checkbox"/> N: <input type="checkbox"/>				
4b	Frequency of Training:	Daily: <input type="checkbox"/>	Weekly: <input type="checkbox"/>	Monthly: <input type="checkbox"/>	Quarterly: <input type="checkbox"/>	Annually: <input type="checkbox"/>
4c	Does it include Emergency Response training?	Y: <input type="checkbox"/> N: <input type="checkbox"/>				
4d	Frequency of Training:	Daily: <input type="checkbox"/>	Weekly: <input type="checkbox"/>	Monthly: <input type="checkbox"/>	Quarterly: <input type="checkbox"/>	Annually: <input type="checkbox"/>
4e	Does it include Spill Containment Procedures?	Y: <input type="checkbox"/> N: <input type="checkbox"/>				
4f	Frequency of Training:	Daily: <input type="checkbox"/>	Weekly: <input type="checkbox"/>	Monthly: <input type="checkbox"/>	Quarterly: <input type="checkbox"/>	Annually: <input type="checkbox"/>



Facility Operations:

ARS § 49-762.07 ET. AL.

5	Does the facility operate in a manner that controls wind dispersion and other surface dispersion of solid waste?					Y: <input type="checkbox"/> N: <input type="checkbox"/>
6	Does the facility have on-site windblown litter?					Y: <input type="checkbox"/> N: <input type="checkbox"/>
7	Does the facility have off-site windblown litter?					Y: <input type="checkbox"/> N: <input type="checkbox"/>
8	Does the facility operator conduct regular collection of solid waste dispersed beyond the facility boundaries? <i>(If yes, note the nature & frequency in 8a)</i>					Y: <input type="checkbox"/> N: <input type="checkbox"/>
8a	Nature: Frequency:					
9	Does the facility participate in recycling?					Y: <input type="checkbox"/> N: <input type="checkbox"/>
9a	How many loads?					
9b	How often?	Daily: <input type="checkbox"/>	Weekly: <input type="checkbox"/>	Monthly: <input type="checkbox"/>	Quarterly: <input type="checkbox"/>	Annually: <input type="checkbox"/>
10	Does the facility accept auto-shredder fluff (special waste)?					Y: <input type="checkbox"/> N: <input type="checkbox"/>
11	Does the facility accumulate petroleum-contaminated soil (PCS)? <i>(If no, items 'a' through 'c' below are N/A)</i>					Y: <input type="checkbox"/> N: <input type="checkbox"/>
11a	<ul style="list-style-type: none"> • Was the Facility also the generator of all accumulated PCS? 					Y: <input type="checkbox"/> N: <input type="checkbox"/>
11b	<ul style="list-style-type: none"> • Did the facility adhere to special waste generator manifesting requirements? 					Y: <input type="checkbox"/> N: <input type="checkbox"/>
11c	<ul style="list-style-type: none"> • Does the facility use a special waste shipper to transport PCS to a special waste receiving facility? 					Y: <input type="checkbox"/> N: <input type="checkbox"/>
12	Is ponding present? <i>(If yes, comment)</i>					Y: <input type="checkbox"/> N: <input type="checkbox"/>
12a	Comment:					
13	Is drainage directed away from the disposal/storage area?					Y: <input type="checkbox"/> N: <input type="checkbox"/>
14	Is run-on drainage directed away from the disposal/storage area?					Y: <input type="checkbox"/> N: <input type="checkbox"/>
15	Is the facility operated in a manner that controls for fire hazards?					Y: <input type="checkbox"/> N: <input type="checkbox"/>
16	Is there evidence of vectors or vector breeding?					Y: <input type="checkbox"/> N: <input type="checkbox"/>
17	Is the putrescible waste bagged?					Y: <input type="checkbox"/> N: <input type="checkbox"/>



Waste Storage and Management:

ARS § 49-762.07 ET. AL., 40 CFR § 261.4(b), 40 CFR § 262.11(a), 40 CFR § 262.14(b)

18	Does waste remain onsite at the facility for longer than 90 days?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
19	Does the facility manage only those waste types as indicated in the notification or self-certification filed with the Department? <i>(If no, answer below)</i>	Y: <input type="checkbox"/> N: <input type="checkbox"/>
19a	<ul style="list-style-type: none"> • Has the facility submitted an amendment to their notification or self-certification indicating new waste types managed? 	Y: <input type="checkbox"/> N: <input type="checkbox"/>
20	Does the volume of waste stored or managed at the facility differ from what was indicated on their notification or self-certification filed with the Department? <i>(If no, item 'a' below is N/A)</i>	Y: <input type="checkbox"/> N: <input type="checkbox"/>
20a	<ul style="list-style-type: none"> • Has the volume increased to above 180 cubic yards daily throughput? 	Y: <input type="checkbox"/> N: <input type="checkbox"/>
21	Does the facility accept the following types of waste? (Select all that apply)	
	<input type="checkbox"/> Household	<input type="checkbox"/> Tires
	<input type="checkbox"/> Green waste/yard clippings	<input type="checkbox"/> Used Oil
	<input type="checkbox"/> Appliances	<input type="checkbox"/> Paint
	<input type="checkbox"/> Commercial	<input type="checkbox"/> E-waste
	<input type="checkbox"/> Batteries	<input type="checkbox"/> Refrigerant (appliances)
	<input type="checkbox"/> Construction	<input type="checkbox"/> Very Small Quantity Generator (VSQG)
	<input type="checkbox"/> Other waste <i>(see comment)</i>	
22	Specify the other waste:	
23	Does the facility conduct consolidation of household hazardous waste or very small quantity generator waste?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
24	Does the facility conduct consolidation of household hazardous waste with very small quantity generator waste? <i>(If no, items 'a' to 'f' below are N/A)</i>	Y: <input type="checkbox"/> N: <input type="checkbox"/>
24a	<ul style="list-style-type: none"> • Does the facility prevent the mixing of incompatible wastes? 	Y: <input type="checkbox"/> N: <input type="checkbox"/>
24b	<ul style="list-style-type: none"> • Does the facility conduct treatment of wastes (including elementary neutralization)? 	Y: <input type="checkbox"/> N: <input type="checkbox"/>
24c	<ul style="list-style-type: none"> • Does the facility control discharge of hazardous substances? 	Y: <input type="checkbox"/> N: <input type="checkbox"/>
24d	<ul style="list-style-type: none"> • Does hazardous substance storage or consolidation activities occur upon bare soil? 	Y: <input type="checkbox"/> N: <input type="checkbox"/>
24e	<ul style="list-style-type: none"> • Have any hazardous substances been released to soil at the facility? 	Y: <input type="checkbox"/> N: <input type="checkbox"/>
24f	<ul style="list-style-type: none"> • Did the facility operators ensure that soils impacted with hazardous substances were sampled, characterized, and transported to an approved treatment or disposal facility in accordance with all applicable federal, state, and local regulations? 	Y: <input type="checkbox"/> N: <input type="checkbox"/>