

Arkansas Department of Pollution Control and Ecology

Landfill Inspection and Evaluation

Name of Site <i>EIDorado Chemical</i>	County <i>Union</i>	CSN: <i>70-0040</i>	Permit No. <i>0177-S</i>
Operator <i>EIDorado Chemical</i>	Address of Permittee <i>D.O. Box 231</i>	Landfill Location	
Permittee <i>EIDorado Chemical</i>	<i>EIDorado, AR 71730</i>		
Landfill Classification	() Class I () Class II () Class III () Class IV () Unclassified	Entry Time: <i>1:20</i>	Exit Time: <i>2:15</i> Date: <i>7/30/91</i>

Section A - Records and Reports

Plans and permit are available at site.	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Groundwater monitoring reports as required.	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input checked="" type="checkbox"/> n/a
Sedimentation pond effluent meets permit limits.	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input checked="" type="checkbox"/> n/a
Liner certification corresponds to current work area.	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input checked="" type="checkbox"/> n/a
Engineer reporting requirements complete.	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input checked="" type="checkbox"/> n/a
Special materials disposed as authorized by permit.	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Records Maintained on Wastes Received (for AR Fees).	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input checked="" type="checkbox"/> n/a
Haulers' waste origin recorded by city or county (& state).	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input checked="" type="checkbox"/> n/a
Operator certified.	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input checked="" type="checkbox"/> n/a

EXPLAIN ANY ITEMS ABOVE THAT INDICATE NON-COMPLIANCE:

• SECTION-A RECORDS AND REPORTS MEET PERMIT REQUIREMENTS ☒ YES ☐ NO

Name of Site <i>E/Donado Chemical</i>	County <i>Union</i>	Date <i>7/30/91</i>	Permit No <i>0177-5</i>
--	------------------------	------------------------	----------------------------

Section B - Construction

Operation is within permitted boundaries and elevations.	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Measured fill dimension complies with design. L ___ ft., W ___ ft., H ___ ft.	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input checked="" type="checkbox"/> n/a
Measured excavated dimensions complies with design. L ___ ft., W ___ ft., H ___ ft.	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input checked="" type="checkbox"/> n/a
Migration of fill is as designed.	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Trench or area fill is properly oriented as designed.	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Proper spacing between trenches is as designed.	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Soils segregated as required.	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input checked="" type="checkbox"/> n/a
Fill material properly stockpiled.	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Bottom liner in place.	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input checked="" type="checkbox"/> n/a
Leachate collection system in place.	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input checked="" type="checkbox"/> n/a
Surface water diversion as designed.	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Surface water control system functional.	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Satisfactory site access control.	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Satisfactory on-site access roads.	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Groundwater monitor wells in good condition.	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input checked="" type="checkbox"/> n/a
Adequate information sign.	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input checked="" type="checkbox"/> n/a
Satisfactory intermediate cover on non use areas.	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Satisfactory final cover on closed areas.	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Measures adequate for litter control	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Adequate employee facilities.	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input checked="" type="checkbox"/> n/a

EXPLAIN ANY ITEMS ABOVE THAT INDICATE NON COMPLIANCE.

• SECTION-B CONSTRUCTION OF FILL CORRESPONDS TO DESIGN ☒ YES ☐ NO

Name of Site <i>EIDorado Chemical</i>	County <i>Unicr</i>	Date <i>7/30/91</i>	Permit No <i>0177-5</i>
--	------------------------	------------------------	----------------------------

Section C - Waste Handling Operations

Required equipment present.	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input checked="" type="checkbox"/> n/a
Required personnel present.	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input checked="" type="checkbox"/> n/a
Adequate fire protection and local communications.	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Waste confined to a manageable area.	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Proper compaction of waste.	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Daily cover applied.	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Adequate procedures for handling wet waste.	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input checked="" type="checkbox"/> n/a
Follows permit to insure no disposal of waste into water.	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Follows permit provisions for disposal of special materials.	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Facility complies with open burning regulation.	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Salvaging of materials as authorized by permit.	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Accepting only authorized materials.	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Leachate collection & disposal method adequate.	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input checked="" type="checkbox"/> n/a
Standby equipment provisions satisfactory.	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input checked="" type="checkbox"/> n/a

EXPLAIN ANY ITEMS ABOVE THAT INDICATE NON COMPLIANCE.

•SECTION-C WASTE HANDLING OPERATIONS COMPLY WITH PERMIT ☒ YES ☐ NO

Name of Site <i>E. Dorado Chemical</i>	County <i>Union</i>	Date <i>7/30/90</i>	Permit No <i>0177-S</i>
---	------------------------	------------------------	----------------------------

Section D - Problem Indicators

Leachate or evidence of leachate.	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> n/a
Leachate entering watercourse.	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> n/a
Sediment accumulation on/off site.	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> n/a
Vegetative cover inadequate or not maintained.	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> n/a
Stressed or dead vegetation.	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> n/a
Erosion on closed areas.	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> n/a
Evidence of ponding water on closed areas.	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> n/a
Cracking of final cover soils is a problem.	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> n/a
Evidence of settling on completed areas.	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> n/a
Vectors or evidence of vectors.	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> n/a
Visible (heavy) litter on site.	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> n/a

EXPLAIN ANY ITEMS ABOVE THAT INDICATE NON COMPLIANCE OR OTHERS NOT LISTED.

Ponding Violation noted 4/5/91 corrected

SECTION-D PROBLEM INDICATORS AT SITE WARRANT ACTION ☐ YES ☒ NO

TYPE OF WASTE DISPOSED:	
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
<input checked="" type="checkbox"/> Industrial (process)	
<input type="checkbox"/> Demolition	<input type="checkbox"/> Special Materials
<input type="checkbox"/> Other (Identify under general comments)	
GENERAL COMMENTS:	
Person Interviewed: <i>HC Harnock</i>	Address: <i>34A</i>
Title: <i>Environmental Coord</i>	Phone: <i>501-863-1400</i>
Signature of inspector, Title: <i>John H. Harnock, Insp. SWD</i>	Soil Conditions: <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet