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
PO Box 6645
Indianapolis, Indiana 46204

3. Division of Soil Conservation
Indiana State Department of Agriculture
One N. Capitol, 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 5/06)

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: ( )