

August 4, 2022

Mr. Joshua Keller
Senior Environmental Manager
State Cleanup Program
Remediation Branch Office of Land Quality
Indiana Department of Environmental Management
100 North Senate Avenue, ICGN 1101
Indianapolis, IN 46204

Re: Four County Landfill Site
9997 West 42 North
Fulton County, Rochester, Indiana
Monthly Progress Report for May - July 2022
KERAMIDA Project No. 20638

Dear Mr. Keller:

KERAMIDA Inc. (KERAMIDA) has prepared this operation and maintenance progress report to summarize activities conducted at Four County Landfill at located at 9997 West 42 North, Fulton County, Rochester, Indiana (Site) during May through July 2022. This correspondence is in accordance with Professional Services Contract, Contract #0000000000000000000056885.

Task Conducted

In general, KERAMIDA performed the following tasks during the reporting period.

- Renewed waste profile for the disposal of the leachate
- Made arrangements for the leachate collection equipment repairs
- Repaired hoses and pumps, as needed
- Conducted equipment maintenance, as needed
- Performed weekly Site inspections
- Pumped leachate from the cells to holding tanks and transferred to the above ground storage tank (AST)
- Coordinated with waste transporter to collect and transfer leachate to the disposal facility
- Maintained compliance with the less than or equal to 90-day waste accumulation time limits in managing Site leachate from the time the leachate was pumped from the cells
- Coordinated with power company to restore power after storm event
- Conducted research for commercial mower with equipment to needed to mow the Site

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Leachate Disposal

Leachate was transported to CID Soils & Bio Treatment Facility located at 13707 South Jeffery Avenue, Chicago, Illinois for disposal. During the reporting period there were five loads of leachate transported for disposal with a total of 25,750 gallons. A summary of the waste loads is provided in Attachment 1. The waste manifests and disposal tickets are provided in Attachment 2.

Scheduled Leachate Collection Events

The following tentative dates have been scheduled for the collection of the leachate for transportation to the disposal facility. The dates may change based on leachate generation, scheduling needs, contractor equipment availability, and disposal site approval.

- September 15, 2022
- October 6, 2022
- October 27, 2022
- November 17, 2022
- December 8, 2022
- December 29, 2022

Issues/Concerns

KERAMIDA noted the following issues/concerns for the reporting period.

- Due to the lack of mowing done at the Site last year and the condition of the Site equipment available for mowing there are safety concerns. KERAMIDA has made inquiries to attempt to find a contractor with the appropriate equipment for mowing the Site. Both the city and county transportation departments were contacted. No vendor has been identified to date; however, KERAMIDA will continue to reach out to vendors.
- Third party locks have been placed on the gate and have had to be cut to access the Site.
- Realtor was on-Site with perspective buyers.
- Repairs need to be made to the B Cell Tank and C Cell Secondary Containment.
- Safety concern with the access to C Cell; new access r is needed.

Please let us know if you have any questions or need any additional information. Thank you for your assistance. .

Sincerely,
KERAMIDA Inc.



Sara G. Guss
Senior Engineer

Attachments

ATTACHMENT 1

LEACHATE DISPOSAL SUMMARY

Date	Profile #	Manifest/Additional Documents	Ticket #	Material	Facility	Carrier Vehicle	Tons/Tonnes	Mat. Quantity	Mat. Unit
05/26/2022	AR3978	021655281JJJ	11848	Bio Reactor Liquids	Bioliq Treatment Center	tanker	15	5000.00	GAL
06/23/2022	AR3978	021655282JJJ	12212	Bio Reactor Liquids	Bioliq Treatment Center	Tanker	15	5250.00	GAL
06/30/2022	AR3978	021655283JJJ	12313	Bio Reactor Liquids	Bioliq Treatment Center	tanker	0	5000.00	GAL
07/13/2022	AR3978	021655284JJJ	12453	Bio Reactor Liquids	Bioliq Treatment Center	tanker	0	5000.00	GAL
07/27/2022	AR3978	021655285JJJ	12654	Bio Reactor Liquids	Bioliq Treatment Center	tanker	0	5500.00	GAL


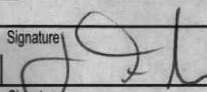
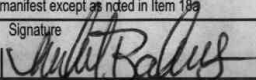
ATTACHMENT 2

MANIFESTS AND WASTE TICKETS

Please print or type.

Form Approved. OMB No. 2050-0039

TT#9101

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND000780544	2. Page 1 of	3. Emergency Response Phone 800.424.9300	4. Manifest Tracking Number 021655281 JJK		
5. Generator's Name and Mailing Address Four County Landfill 1915 Broad Ripple Ave. Indianapolis, IN 46220 Generator's Phone: 317.251.1020			Generator's Site Address (if different than mailing address) Four County Landfill 9997 West 42 North Rochester, IN 46975				
6. Transporter 1 Company Name First Choice Logistics			U.S. EPA ID Number ILR000149146				
7. Transporter 2 Company Name QUANTIX Liquid Transportation			U.S. EPA ID Number				
8. Designated Facility Name and Site Address CID RDF 138th & Bishop Ford Freeway Calumet City, IL 60409 Facility's Phone: 773.646.3099			U.S. EPA ID Number ILD010284248				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
			No.	Type			
	1.	RO, NA3082, HAZARDOUS WASTE LIQUID, N.O.S., 9, III, (F039)	001	TT	5,000	G	F039
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information Profile AR3978							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name David Weiss		Signature 		Month Day Year 5 12 02			
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Jose Flores		Signature 		Month Day Year 05 12 02			
Transporter 2 Printed/Typed Name		Signature		Month Day Year			
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number:							
18b. Alternate Facility (or Generator) U.S. EPA ID Number							
Facility's Phone:							
18c. Signature of Alternate Facility (or Generator) Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H081		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Michael Balinas		Signature 		Month Day Year 5 12 02			



Bioliqid Treatment Center
138th and Interstate 94
Calumet City, IL, 60409

Reprint
Ticket# 11848
Ph: 773-437-2010

Customer Name KERAMIDA INC AR3978 KERAMIDA Carrier Quantix tanker
Ticket Date 05/26/2022 Vehicle# tanker Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Route Check#
Hauling Ticket# Billing# 0006785
Destination Grid
PO#

	Time	Scale	Operator	Inbound	Gross	75000 lb*
In	05/26/2022 08:54:17	MANUAL WT	mhall		Tare	45000 lb*
Out	05/26/2022 08:54:17		mhall		Net	30000 lb
			* Manual Weight		Tons	15.00

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Bio Reactor Liq-Gallons-	100	5000.0	Gal				
2 UHM-EPA MANIFEST FEE	100	1.00	Each				

Total Tax
Total Ticket

Driver`s Signature

Please print or type.

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND000780544	2. Page 1 of	3. Emergency Response Phone 800.424.9300	4. Manifest Tracking Number 021655282 JJK	
5. Generator's Name and Mailing Address Four County Landfill 1915 Broad Ripple Ave. Indianapolis, IN 46220		Generator's Site Address (if different than mailing address) Four County Landfill 9997 West 42 North Rochester, IN 46975				
Generator's Phone: 317.251.1929						
6. Transporter 1 Company Name First Choice Logistics		U.S. EPA ID Number ILR000149146				
7. Transporter 2 Company Name		U.S. EPA ID Number				
8. Designated Facility Name and Site Address CID RDF 138th & Bishop Ford Freeway Calumet City, IL 60409		U.S. EPA ID Number				
Facility's Phone: 773.646.3099		ILD010284248				
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
1.	RQ, NA3082, HAZARDOUS WASTE LIQUID, N.O.S., 9, III, (F039)	001	TI	5250	G	F039
2.						
3.						
4.						
14. Special Handling Instructions and Additional Information Profile AR3978						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offert's Printed/Typed Name <i>Clinton Fortner</i>		Signature <i>Clinton Fortner</i>		Month Day Year 06 23 22		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Transporter signature (for exports only): Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name CAMERON MABLE		Signature <i>Cameron Mable</i>		Month Day Year 06 23 22		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number:						
18b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.	H004	2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name WAYNE MEYER		Signature <i>Wayne Meyer</i>		Month Day Year 06 23 22		



Bioliqid Treatment Center
138th and Interstate 94
Calumet City, IL, 60409

Reprint
Ticket# 12212
Ph: 773-437-2010

Customer Name KERAMIDA INC AR3978 KERAMIDA Carrier First Choice Tanker
Ticket Date 06/23/2022 Vehicle# tanker Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Route Check#
Hauling Ticket# Billing# 0006785
Destination Grid
PO#

	Time	Scale	Operator	Inbound	Gross	75000 lb*
In	06/23/2022 13:46:02	MANUAL WT	mhall		Tare	45000 lb*
Out	06/23/2022 13:46:02		mhall		Net	30000 lb
			* Manual Weight		Tons	15.00

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Bio Reactor Liq-Gallons-	100	5250.0	Gal				
2 UHM-EPA MANIFEST FEE	100	1.00	Each				

Total Tax
Total Ticket

Driver`s Signature

TT# 9101

Please print or type.

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND000780544	2. Page 1 of 1	3. Emergency Response Phone 800.424.9300	4. Manifest Tracking Number 021655283 JJK		
5. Generator's Name and Mailing Address Four County Landfill 1915 Broad Ripple Ave. Indianapolis, IN 46220				Generator's Site Address (if different than mailing address) Four County Landfill 9997 West 42 North Rochester, IN 46975			
6. Transporter 1 Company Name Quantix Liquid Transportation				U.S. EPA ID Number ILR000149146			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address CID RDF 138th & Bishop Ford Freeway Calumet City, IL 60409				U.S. EPA ID Number ILD010284248			
9a. HM				9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type	11. Total Quantity
1. P		HAZ. NA3082, HAZARDOUS WASTE LIQUID, N.O.S., 9, III, (F039)		001	TT	5,000	G.
2.							
3.							
4.							
14. Special Handling Instructions and Additional Information Profile AR3978							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name David Kress				Signature 		Month Day Year 16 30 22	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Jose Flores				Signature 		Month Day Year 16 30 22	
Transporter 2 Printed/Typed Name				Signature		Month Day Year	
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
18b. Alternate Facility (or Generator)				Manifest Reference Number: _____ U.S. EPA ID Number _____			
Facility's Phone: _____				18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____			
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H001		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Michael Bolinas				Signature 		Month Day Year 16 30 22	



Bioliqid Treatment Center
138th and Interstate 94
Calumet City, IL, 60409

Reprint
Ticket# 12313
Ph: 773-437-2010

Customer Name KERAMIDA INC AR3978 KERAMIDA Carrier Quantix tanker
Ticket Date 06/30/2022 Vehicle# tanker Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Route Check#
Hauling Ticket# Billing# 0006785
Destination Grid
PO#

	Time	Scale	Operator	Inbound	Gross
In	06/30/2022 14:33:58	MANUAL WT	mhall		Tare
Out	06/30/2022 14:33:58		mhall		Net
					Tons

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Bio Reactor Liq-Gallons-	100	5000.0	Gal				
2 UHM-EPA MANIFEST FEE	100	1.00	Each				

Total Tax
Total Ticket

Driver`s Signature

Please print or type.

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND000780544	2. Page 1 of 1	3. Emergency Response Phone 800.424.9300	4. Manifest Tracking Number 021655284 JJK		
5. Generator's Name and Mailing Address Four County Landfill 1915 Broad Ripple Ave. Indianapolis, IN 46220 Generator's Phone: 317.251.1929		Generator's Site Address (if different than mailing address) Four County Landfill 9997 West 42 North Rochester, IN 46975					
6. Transporter 1 Company Name First Choice Logistics QUARTIX		U.S. EPA ID Number ILR000149146					
7. Transporter 2 Company Name		U.S. EPA ID Number					
8. Designated Facility Name and Site Address CID RDF 138th & Bishop Ford Freeway Calumet City, IL 60409 Facility's Phone: 773.646.3099		U.S. EPA ID Number ILD010284248					
GENERATOR 9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	1. RQ, NA3082, HAZARDOUS WASTE LIQUID, N.O.S., 9, III, (F039)		001 JT		5000	g	F039
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information Profile AR3978							
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Generator's/Offoror's Printed/Typed Name David Isner		Signature <i>[Signature]</i>		Month Day Year 17 14 22			
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____							
TRANSPORTER INT'L	17. Transporter Acknowledgment of Receipt of Materials		Signature		Month Day Year		
	Transporter 1 Printed/Typed Name Rick LeBrun		<i>[Signature]</i>		17 14 22		
Transporter 2 Printed/Typed Name		Signature		Month Day Year			
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number: _____ U.S. EPA ID Number							
18b. Alternate Facility (or Generator)							
Facility's Phone: _____							
18c. Signature of Alternate Facility (or Generator) Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H081		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Steven E Reed		Signature <i>[Signature]</i>		Month Day Year 07 14 22			



Bioliiquid Treatment Center
138th and Interstate 94
Calumet City, IL, 60409

Reprint
Ticket# 12453
Ph: 773-437-2010

Customer Name KERAMIDA INC AR3978 KERAMIDA Carrier Quantix tanker
Ticket Date 07/13/2022 Vehicle# tanker Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Route Check#
Hauling Ticket# Billing# 0006785
Destination Grid
PO#

	Time	Scale	Operator	Inbound	Gross
In	07/13/2022 14:40:19	MANUAL WT	mhall		Tare
Out	07/13/2022 14:40:19		mhall		Net
					Tons

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Bio Reactor Liq-Gallons-	100	5000.0	Gal				
2 UHM-EPA MANIFEST FEE	100	1.00	Each				

Total Tax
Total Ticket

Driver`s Signature

Please print or type.

Form Approved, OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND000780544		2. Page 1 of	3. Emergency Response Phone 800.424.9300	4. Manifest Tracking Number 021655285 JJK	
5. Generator's Name and Mailing Address Four County Landfill 1915 Broad Ripple Ave. Indianapolis, IN 46220 Generator's Phone: 317.251.1929				Generator's Site Address (if different than mailing address) Four County Landfill 9997 West 42 North Rochester, IN 46975			
6. Transporter 1 Company Name First State Logistics Quantix				U.S. EPA ID Number ILR000149146			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address CID RDF 138th & Bishop Ford Freeway Calumet City, IL 60409 Facility's Phone: 773.646.3099				U.S. EPA ID Number IL D010284248			
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
1.	HAZ. NA3082, HAZARDOUS WASTE LIQUID, N.O.S., 9, III, (F039)	001	TT	550	g	F039	
2.							
3.							
4.							
14. Special Handling Instructions and Additional Information Profile AR3978							
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Generator's/Officer's Printed/Typed Name Clinton Forster				Signature <i>Clinton Forster</i>		Month Day Year 7/21/22	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Rick LeBrun				Signature <i>Rick LeBrun</i>		Month Day Year 7/27/22	
Transporter 2 Printed/Typed Name				Signature		Month Day Year	
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number: _____ U.S. EPA ID Number _____							
18b. Alternate Facility (or Generator) _____							
Facility's Phone: _____							
18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H001		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a							
Printed/Typed Name Shawn Carpenter				Signature <i>Shawn Carpenter</i>		Month Day Year 7/27/22	



Bioliqid Treatment Center
138th and Interstate 94
Calumet City, IL, 60409

Reprint
Ticket# 12654
Ph: 773-437-2010

Customer Name KERAMIDA INC AR3978 KERAMIDA Carrier Quantix tanker
Ticket Date 07/27/2022 Vehicle# tanker Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Route Check#
Hauling Ticket# Billing# 0006785
Destination Grid
PO#

	Time	Scale	Operator	Inbound	Gross
In	07/27/2022 14:54:33	MANUAL WT	mhall		Tare
Out	07/27/2022 14:54:33		mhall		Net
					Tons

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Bio Reactor Liq-Gallons-	100	5500.0	Gal				
2 UHM-EPA MANIFEST FEE	100	1.00	Each				

Total Tax
Total Ticket

Driver`s Signature