

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 Compliance Section
Indiana Department of Environmental Management
100 North Senate Ave, IGCN 1101
Indianapolis, Indiana 46204
Agswreferrals@idem.in.gov
3. Division of Soil Conservation
Indiana State Department of Agriculture
One North Capitol Avenue, Suite 600
Indianapolis, IN 46204
CleanWaterIndiana@isda.IN.gov
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)

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: ()

Email: _____