

Richard E. Dunn, Director

Mountain District Office

16 Center Road Cartersville, Georgia 30121 770-387-4900

Correspondence: Post Office Box 3250 Cartersville, Georgia 30120

Sam Buckles Environmental Science Manager Forsyth County 1950 Sharon Road Cumming, Georgia 30041

OCT 29 2019

RE:

Post Closure Landfill Inspection Hightower Road Landfill Phase I & II Permit No. 058-006D(SL)

Forsyth County

Dear Mr. Buckles:

On October 24, 2019, a representative of the Environmental Protection Division (EPD) conducted an inspection at the referenced facility. This inspection was carried out to determine your facility's compliance status with the Georgia Comprehensive Solid Waste Management Act and the Georgia Rules for Solid Waste Management.

Enclosed is a copy of the Evaluation Report. Please review the comment section (page 3) of the report to see concerns that were discussed with you and Mr. Joel Scott on day of inspection. If you have any questions please call me at (770) 387-4900.

Sincerely,

Jason Rogers

Environmental Compliance Specialist

Mountain District Office

Enclosure: Inspection Report

C: EPD Solid Waste Management Program, Suite 104

Tim Allen Environmental Program, Keep Forsyth Beautiful 110 East Main Street, Suite 120 Cumming, GA 30040



 Date:
 10/24/2019

 County:
 Forsyth

 Permit No.:
 058-006D(SL)

ENVIRONMENTAL PROTECTION DIVISION

Land Protection Branch 4244 International Parkway, Ste 104 Atlanta, Georgia 30354

Post-Closure Checklist

| Facility Name: | Forsyth County - | Hightower Road Phase I & II | | | |
|---|--|---|----------|----------|----------|
| Permit No.: | 058-006D(SL) | | | - Anna | |
| Date of Closure N | Notification: | 7/14/1999 | | | |
| Date Closure Cer | tificate Issued: | 7/14/1999 | | 744 de 2 | |
| DOCUMENTAT | <u>ION</u> | | YES | NO | N/A |
| 1. Does the facility | have an approved clo | sure/post closure care plan? | / | | |
| 2. Does the facility | have an approved gro | oundwater monitoring plan? | √ | | |
| 3. Does the facility | have an approved me | thane monitoring plan? | \ | | |
| 4. Has the groundw | ater monitoring syste: | m been approved? | \ | | |
| 5. Has groundwater | monitoring data beer | n submitted? | / | | |
| 6. Has methane mor | nitoring data been sub | omitted? | / | | |
| 7. Has all certificati | on documentation be | en submitted? | J | | |
| 8. If applicable, has | final cover test data l | peen submitted? | y | | |
| (if governmental | chanism been submitt municipality ceased of t required - all privato | excepting waste on or before | ▽ | | |
| 10. Will this facility after closure? I | | I waste handling purposes | | ~ | |
| | | ste purpose after closure, submitted to Division? | | | V |

Water Monitoring System

| 1. | Wells have been installed in accordance with approved | | | |
|------------|--|--------------------|-------------|--|
| | groundwater monitoring plan, and are in good condition. | V | | |
| 2. | Wells are easily accessible. | V | | |
| 3. | Wells are marked in accordance with plans. | 7 | | |
| 4. | Wells are locked. | 7 | | |
| 5. | Pad are in good condition. | V | | |
| 6. | Surface water monitoring points are marked and accessible. | ✓ | | |
| <u>M</u> | <u>Iethane Monitoring System</u> | | | |
| 1. | Methane monitoring wells have been installed in accordance with approved plan and in satisfactory condition. | V | | |
| 2. | Monitoring points are marked in accordance with plan. | 7 | | |
| 3. | Pads, if applicable, are in good condition. | √ | | |
| <u>E</u> 1 | rosion & Sedimentation Control | | | |
| 1. | Sediment pond has been cleaned. | \rightarrow | | |
| 2. | Silt markers are located in pond. | 7 | | |
| 3. | Downdrains, checkdams, etc. located as specified on plan. | 7 | | |
| <u>Fi</u> | nal Cover | | | |
| 1. | All waste has been completely covered. | ~ | | |
| 2. | Facility has been adequately vegetated and mulched. | ~ | | |
| <u>M</u> | iscellaneous | | | |
| 1. | Access control is satisfactory. | 7 | | |
| 2. | Closure signs have been posted. | 7 | To a second | |
| 3. | All litter has been picked up and properly disposed of. | ✓ | | |
| 4. | All equipment, unnecessary structures and excess materials have been removed from landfill property. | ✓ | | |

| Time of inspection | : 9:00 | Weather Conditions: | Sunny and Clear |
|---|--|-------------------------------|--|
| Reason for inspect | ion: Routine 🗵 | Other | |
| | | | |
| Discussed with: | | | |
| Name | Title Addre | | Telephone |
| | ltant (Atlantic Coast Consulting) |) 678-296-9825 | |
| scott@atlcc.net | | - | WHILE |
| Som Dualdos Envir | commental Saisman Manager 105 | 0.Cl. P 1.C | 0.41 |
| 678-513-5892 | offine ital Science Manager 1959 | 0 Sharon Road, Cumming, GA 30 | 041 |
| 070-313-3072 | | | - Harrison |
| | | | |
| | , 111 111111111111111111111111111111111 | | |
| | | | M2.1. |
| Copy of this report | t submitted to: | | |
| Name | Title Addre | ess | Telephone |
| Tim Allen Enviror | nmental Program Keep Forsyth | | p |
| | treet, Suite 120 Cumming, Geor | | |
| | - | | |
| Joel Scott jscott@ | vatlcc.net | | |
| | MANUAL | | |
| | . 10 | | |
| 678-513-5892 | onmental Science Manager 1950 | 0 Sharon Road, Cumming, GA 30 | 041 |
| 070-313-3092 | | | |
| Photographs: | Yes No 🗸 | Location | |
| notograpiis. | 105 = 140 == | Location | |
| Inspector: | Jason Rogers | | |
| F | | | |
| Reviewer: | Kevin Dallmier | Review Date: | 10-28-19 |
| | | | 7,000 |
| Attachments: | | | |
| | | | |
| | | | |
| *************************************** | | 71.11 | |
| | | | |
| Comments: | | | |
| Remove | e woody vegetation from slope | es. | |
| | | | |
| | 1774444 | | |
| | | | |
| | | | |
| PROFESSION | | | |
| mamadayyyyy, v.d. | | | |
| *************************************** | THE PROPERTY OF THE PROPERTY O | | |
| | | 4444 | Water the second |
| | | *** | |

Operating Records for Facilities in Post Closure

| | Compliance Status | | | |
|---|-------------------|----------------|-------------|-----|
| | Director Notified | In | Out | N/A |
| A. Groundwater Monitoring | | | | |
| 1. Approved plan | | ~ | | |
| 2. Certification of installation | | 7 | | |
| 3. Monitoring reports | | ✓ | | |
| B. Gas Monitoring | | | | |
| 1. Quarterly monitoring results | | 4 | | |
| 2. If methane exceeds limits provide written record | | | | |
| a. Within 7 days, levels detected and | | | | |
| steps taken to protect human health | | ✓ | | |
| b. Within 60 days, implementation of | | | | |
| remediation plan and Director notified | | \overline{A} | | |
| C. Closure and Post Closure Criteria | | | | |
| 1. Closure Criteria | | | | |
| a. Approved plan | | ~ | | |
| b. Notice of final closure | | V | | |
| c. Copy of deed to include: | | _ | | |
| 1. Notice of landfill operation | | 7 | | |
| 2. Legal description location | | | | |
| 3. Type of waste depositedd. Confirmation (written) of b & c | L | V | | |
| recorded on deed | | 7 | | |
| e. Signed compliance certification by | L | ك | | |
| GA P.E. | | V | | П |
| 3.7.12. | house.d | لسا | L J | |
| 2. Post Closure Criteria | | | | |
| a. Approved plan | | <u> </u> | | |
| b. Results of all monitoring activities | | 4 | | |
| c. Notice to Director within 5 days of | _ | | | |
| exceedance of standards | | | | |
| d. Remediation plan within 30 dayse. copy of written approval for removal of | | √ | L | |
| any contaminated material | | 7 | | |
| D. Financial Assurance | | 7 | П | |
| 1. Written cost estimates | | | | |
| 2. Copy of financial instrument | | _ | 20 CO COMP. | |
| 3. Written justification for reduction in cost of | | | | |
| reimbursements paid out | | 4 | | |
| 4. Notice to Director for any of the above if | | | | |
| necessary | | V | | |



Richard E. Dunn, Director

Mountain District Office

16 Center Road Cartersville, Georgia 30121 770-387-4900

Correspondence: Post Office Box 3250 Cartersville, Georgia 30120

Sam Buckles
Environmental Science Manager
Forsyth County
1950 Sharon Road
Cumming, Georgia 30041

OGT 29 2019

RE: Post Closure Landfill Inspection

Hightower Road Landfill Phase III

Permit No. 058-009D(SL)

Forsyth County

Dear Mr. Buckles:

On October 24, 2019, a representative of the Environmental Protection Division (EPD) conducted an inspection at the referenced facility. This inspection was carried out to determine your facility's compliance status with the Georgia Comprehensive Solid Waste Management Act and the Georgia Rules for Solid Waste Management.

Enclosed is a copy of the Evaluation Report. Please review the comment section (page 3) of the report to see concerns that were discussed with you and Mr. Joel Scott on day of inspection. If you have any questions please call me at (770) 387-4900.

Sincerely,

Jason Rogers

Environmental Compliance Specialist

Mountain District Office

Enclosure: Inspection Report

C: EPD Solid Waste Management Program, Suite 104

Tim Allen Environmental Program, Keep Forsyth Beautiful 110 East Main Street, Suite 120 Cumming, GA 30040



Land Protection Branch 4244 International Parkway, Ste 104 Atlanta, Georgia 30354

| Date: | 10/24/2019 |
|-------------|--------------|
| County: | Forsyth |
| Permit No.: | 058-009D(SL) |

Post-Closure Checklist

| Facility Name: | Forsyth County - Hightower Road Phase III | | | ··· |
|---|---|--|--------------|---------|
| Permit No.: | 058-009D(SL) | - 100 mm and - 100 | 777-778-00-A | _ |
| Date of Closure I | Notification: 7/14/1999 | *************************************** | | |
| Date Closure Cer | rtificate Issued: 7/14/1999 | - AMARILON . | | _ |
| <u>DOCUMENTAT</u> | <u> TION</u> | YES | NO | N/A |
| 1. Does the facility | have an approved closure/post closure care plan? | 7 | | |
| 2. Does the facility | have an approved groundwater monitoring plan? | 7 | | |
| 3. Does the facility | have an approved methane monitoring plan? | ~ | | |
| 4. Has the groundw | vater monitoring system been approved? | V | | |
| 5. Has groundwater | r monitoring data been submitted? | ✓ | | |
| 6. Has methane mo | nitoring data been submitted? | ~ | | |
| 7. Has all certificat | ion documentation been submitted? | ~ | | |
| 8. If applicable, has | s final cover test data been submitted? | V | | |
| (if governmental | chanism been submitted and accepted? municipality ceased excepting waste on or before of required - all private sites required) | V | | |
| 10. Will this facility after closure? I | y be used for any solid waste handling purposes f so, what? | | V | |
| | be used for a solid waste purpose after closure, riate documents been submitted to Division? | | | V |

Water Monitoring System

| 1. | Wells have been installed in accordance with approved | | | |
|------------|--|-------------------------|--------|--|
| | groundwater monitoring plan, and are in good condition. | \rightarrow | | |
| 2. | Wells are easily accessible. | ✓ | | |
| 3. | Wells are marked in accordance with plans. | 7 | | |
| 4. | Wells are locked. | V | | |
| 5. | Pad are in good condition. | | \Box | |
| 6. | Surface water monitoring points are marked and accessible. | ~ | | |
| <u>M</u> | Lethane Monitoring System | | | |
| 1. | Methane monitoring wells have been installed in accordance with approved plan and in satisfactory condition. | ✓ | | |
| 2. | Monitoring points are marked in accordance with plan. | abla | | |
| 3. | Pads, if applicable, are in good condition. | $\overline{\checkmark}$ | | |
| <u>E</u> : | rosion & Sedimentation Control | | | |
| 1. | Sediment pond has been cleaned. | V | | |
| 2. | Silt markers are located in pond. | V | | |
| 3. | Downdrains, checkdams, etc. located as specified on plan. | V | | |
| <u>Fi</u> | nal Cover | | | |
| 1. | All waste has been completely covered. | <u> </u> | | |
| 2. | Facility has been adequately vegetated and mulched. | V | | |
| M | iscellaneous | | | |
| 1. | Access control is satisfactory. | V | | |
| 2. | Closure signs have been posted. | V | | |
| 3. | All litter has been picked up and properly disposed of. | 7 | | |
| 4. | All equipment, unnecessary structures and excess materials have been removed from landfill property. | 7 | | |

| Time of inspection: | 9:00 | ✓ a.m. □ p.n | n. | Weath | er Conditions: | Sunny and Clear |
|--|---|--------------------------------------|---|---|--|--|
| Reason for inspection | on: | Routine 🖸 | 7 | Other | | |
| Discussed with: | | | | | | |
| Name | Title | Δ | Address | | | Telephone |
| | | tic Coast Consu | | 678-2 | 296-9825 | reiephone |
| scott@atlcc.net | turkt (7 ktrich | itie Coast Consu | itting j | <u> </u> | 270-7623 | |
| | | | | ··· | | |
| Sam Buckles Enviro | nmental S | cience Manager | 1950 Sha | aron Road | . Cumming, GA 30 | 0041 |
| 678-513-5892 | *************************************** | | *************************************** | | , | |
| | | | | | | |
| | | | | | | |
| | | | | *************************************** | AND THE PARTY OF T | |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| Copy of this report | submitted | l to: | | | | |
| Name | Title | A | Address | | | Telephone |
| Γim Allen Environ | | | | utiful | | rotophone |
| 110 East Main Str | | | | | 678-965-7130 | |
| *************************************** | | <u></u> | | | | |
| loel Scott jscott@ | atlcc.net | | | | | |
| | | | | | | |
| HATMATA A SPECIAL DESIGNATION OF THE SPECIAL DES | | | | | | |
| Sam Buckles Enviro | nmental S | cience Manager | 1950 Sha | aron Road | , Cumming, GA 30 | 0041 |
| 678-513-5892 | | | | | , | |
| | | | | | | |
| Photographs: | Yes \square | No 🗹 | | | Location | |
| | | | | | | |
| Inspector: | Jason Re | ogers | | | | |
| • | | | | | | |
| Reviewer: | Keum | Rallmier | | | Review Date: | 10-28-19 |
| | 1.00 | 4 (1951) (1 | | | ite it is a control | 10-25-14 |
| Attachments: | | | | | | |
| | | | | | | |
| | | | | | | The state of the s |
| 44. | | | | | | Andrew Control of the |
| | | | | | | |
| Comments: | | | | | | |
| | . 111 | | 11 | 1 | | |
| <u>Clear dir</u> | t and deb | ris from metha | ne well p | ads. | | |
| | | | | | | |
| | | | | | | |
| AIP WORKERS . | | | | | | |
| ************************************** | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Operating Records for Facilities in Post Closure

| | Compliance Status | | | |
|---|-------------------|-------------------------|-----|-----|
| | Director Notified | In | Out | N/A |
| A. Groundwater Monitoring | | | | |
| 1. Approved plan | | ~ | | |
| 2. Certification of installation | | $\overline{\checkmark}$ | | |
| 3. Monitoring reports | | 7 | | |
| B. Gas Monitoring | | | | |
| 1. Quarterly monitoring results | | V | | |
| 2. If methane exceeds limits provide written record | | | | |
| a. Within 7 days, levels detected and | | | | |
| steps taken to protect human health | | 4 | | |
| b. Within 60 days, implementation of | | | | |
| remediation plan and Director notified | | ✓ | | |
| C. Closure and Post Closure Criteria | | | | |
| 1. Closure Criteria | | | | |
| a. Approved plan | | ~ | | |
| b. Notice of final closure | | 7 | | |
| c. Copy of deed to include: | | | | |
| 1. Notice of landfill operation | | 7 | | |
| 2. Legal description location | | V | | |
| 3. Type of waste deposited | | 7 | | |
| d. Confirmation (written) of b & c | | | | |
| recorded on deed | | 7 | | |
| e. Signed compliance certification by | | | | |
| GA P.E. | | 7 | | |
| 2. Post Closure Criteria | | | | |
| a. Approved plan | | ~ | | |
| b. Results of all monitoring activities | | 7 | | |
| c. Notice to Director within 5 days of | | | | |
| exceedance of standards | | 7 | | |
| d. Remediation plan within 30 days | | $\overline{\checkmark}$ | | |
| e. copy of written approval for removal of | | | | |
| any contaminated material | | 7 | | |
| D. Financial Assurance | | 7 | | |
| Written cost estimates | | <u></u> | | |
| 2. Copy of financial instrument | | | | _ |
| 3. Written justification for reduction in cost of | | | | |
| reimbursements paid out | | V | | |
| 4. Notice to Director for any of the above if | | | | |
| necessary | | V | | |



Richard E. Dunn, Director

Mountain District Office

16 Center Road Cartersville, Georgia 30121 770-387-4900

Correspondence: Post Office Box 3250 Cartersville, Georgia 30120

Sam Buckles Environmental Science Manager Forsyth County 1950 Sharon Road Cumming, Georgia 30041

OCT 29 2019

RE: Post Closure Landfill Inspection

Hightower Road Landfill Phase IV

Permit No. 058-010D(SL)

Forsyth County

Dear Mr. Buckles:

On October 24, 2019, a representative of the Environmental Protection Division (EPD) conducted an inspection at the referenced facility. This inspection was carried out to determine your facility's compliance status with the Georgia Comprehensive Solid Waste Management Act and the Georgia Rules for Solid Waste Management.

Enclosed is a copy of the Evaluation Report. Please review the comment section (page 3) of the report to see concerns that were discussed with you and Mr. Joel Scott on day of inspection. If you have any questions please call me at (770) 387-4900.

Sincerely,

Jason Rogers

Environmental Compliance Specialist

Mountain District Office

Enclosure: Inspection Report

C: EPD Solid Waste Management Program, Suite 104

Tim Allen Environmental Program, Keep Forsyth Beautiful 110 East Main Street, Suite 120 Cumming, GA 30040



 Date:
 10/24/2019

 County:
 Forsyth

 Permit No.:
 058-010D(SL)

ENVIRONMENTAL PROTECTION DIVISION

Land Protection Branch 4244 International Parkway, Ste 104 Atlanta, Georgia 30354

Post-Closure Checklist

| Facility Name: | Forsyth County - | Hightower Road Phase IV | | ***** | |
|---|--|---|----------|----------|-----|
| Permit No.: | 058-010D(SL) | 178.00 | | ente. | |
| Date of Closure N | Notification: | 7/14/1999 | | | |
| Date Closure Cer | tificate Issued: | 7/14/1999 | | | |
| DOCUMENTAT | ION | | YES | NO | N/A |
| 1. Does the facility | have an approved clo | sure/post closure care plan? | / | | |
| 2. Does the facility | have an approved gro | oundwater monitoring plan? | V | | |
| 3. Does the facility | have an approved me | thane monitoring plan? | / | | |
| 4. Has the groundw | rater monitoring system | m been approved? | ~ | | |
| 5. Has groundwater | · monitoring data beer | n submitted? | / | | |
| 6. Has methane mo | nitoring data been sub | omitted? | / | | |
| 7. Has all certificati | ion documentation be- | en submitted? | y | | |
| 8. If applicable, has | final cover test data | been submitted? | V | | |
| (if governmental | chanism been submitt municipality ceased of t required - all private | excepting waste on or before | 7 | | |
| 10. Will this facility after closure? I | = = = = = = = = = = = = = = = = = = = | l waste handling purposes | | V | |
| | | ste purpose after closure, submitted to Division? | | | V |

Water Monitoring System

| 1. | Wells have been installed in accordance with approved | | |
|------------|--|--------------------|-----------|
| | groundwater monitoring plan, and are in good condition. | \rightarrow | |
| 2. | Wells are easily accessible. | V | |
| 3. | Wells are marked in accordance with plans. | 7 | |
| 4. | Wells are locked. | ✓ | |
| 5. | Pad are in good condition. | <u> </u> | |
| 6. | Surface water monitoring points are marked and accessible. | <u> </u> | |
| M | Lethane Monitoring System | | |
| 1. | Methane monitoring wells have been installed in accordance with approved plan and in satisfactory condition. | ✓ | |
| 2. | Monitoring points are marked in accordance with plan. | V | |
| 3. | Pads, if applicable, are in good condition. | ☑ | Antique . |
| <u>E</u> 1 | rosion & Sedimentation Control | | |
| 1. | Sediment pond has been cleaned. | <u> </u> | |
| 2. | Silt markers are located in pond. | ✓ | |
| 3. | Downdrains, checkdams, etc. located as specified on plan. | V | |
| <u>Fi</u> | nal Cover | | |
| 1. | All waste has been completely covered. | V | |
| 2. | Facility has been adequately vegetated and mulched. | V | |
| <u>M</u> | <u>iscellaneous</u> | | |
| 1. | Access control is satisfactory. | \Box | |
| 2. | Closure signs have been posted. | V | |
| 3. | All litter has been picked up and properly disposed of. | V | |
| 4. | All equipment, unnecessary structures and excess materials have been removed from landfill property. | V | |

| Time of inspection | on: 9:00 | Weather Conditions: | Sunny and Clear |
|--|--|----------------------------|---|
| Reason for inspe | ection: Routine | Other | |
| Discussed with: | | | |
| Name | Title Address | (50,000,0005 | Telephone |
| Joel Scott, Con jscott@atlcc.net | sultant (Atlantic Coast Consulting) | 678-296-9825 | |
| Jocott@dtice.net | | | |
| Sam Buckles Env | vironmental Science Manager 1950 Sh | naron Road, Cumming, GA 30 | 041 |
| 678-513-589 | | 3, | |
| | | | |
| **** | | | ** |
| ************************************** | | | |
| Canra of this war | out on house 44. 3 4 | | |
| Copy of this repo Name | ort submitted to: | | |
| | Title Address ronmental Program Keep Forsyth Be | autiful | Telephone |
| | Street, Suite 120 Cumming, Georgia | | |
| | esticos, esticos (20 out.minis, escribia | 30010 070 703 7130 | |
| Joel Scott jsco | tt@atlcc.net | | |
| | | | |
| | | | |
| | vironmental Science Manager 1950 Sh | aron Road, Cumming, GA 30 | 041 |
| 678-513-589 |)2 | - | |
| Photographs: | Yes No 🗸 | Lagation | |
| r notograpus: | 162 CJ 170 CJ | Location | |
| Inspector: | Jason Rogers | | |
| | vaccii i togolo | | |
| Reviewer: | Kevin Dallmier | Review Date: | 10-28-19 |
| | | | |
| Attachments: | | | |
| ****** | | | |
| | | | |
| | | | |
| | | | |
| Comments: | | | |
| | The second secon | | |
| 7-1-03/111111-0-0 | THE STATE OF THE S | | |
| 34440444444444444444444444444444444444 | | | |
| | | | |
| | | | *************************************** |
| Maya-t- | | | |
| | | | |
| - | | | |
| | | | |

Operating Records for Facilities in Post Closure

| | Compliance Status | | | |
|---|--|-------------------------|-----|-----|
| | Director Notified | In | Out | N/A |
| A. Groundwater Monitoring | | | | |
| 1. Approved plan | | $\overline{\mathbf{A}}$ | | |
| 2. Certification of installation | | 7 | | |
| 3. Monitoring reports | | \rightarrow | | |
| B. Gas Monitoring | | | | |
| 1. Quarterly monitoring results | | \checkmark | | |
| 2. If methane exceeds limits provide written record | | | | |
| a. Within 7 days, levels detected and | | | | |
| steps taken to protect human health | | V | | |
| b. Within 60 days, implementation of | | | | |
| remediation plan and Director notified | | 7 | | |
| C. Closure and Post Closure Criteria | | | | |
| 1. Closure Criteria | | | | |
| a. Approved plan | | 4 | | |
| b. Notice of final closure | | ~ | | |
| c. Copy of deed to include: | | | | |
| 1. Notice of landfill operation | | ✓ | | |
| 2. Legal description location | | ✓ | | |
| 3. Type of waste deposited | | 7 | | |
| d. Confirmation (written) of b & c | _ | | | |
| recorded on deed | THE COLUMN TO TH | 7 | | |
| e. Signed compliance certification by | p | _ | | |
| GA P.E. | | ✓ | | |
| 2. Post Closure Criteria | | | | |
| a. Approved plan | | 4 | | |
| b. Results of all monitoring activities | | 4 | | |
| c. Notice to Director within 5 days of | | | | |
| exceedance of standards | | 1 | | |
| d. Remediation plan within 30 days | | V | | |
| e. copy of written approval for removal of | | | | |
| any contaminated material | | V | | |
| D. Financial Assurance | | V | | |
| 1. Written cost estimates | | ~ | | |
| 2. Copy of financial instrument | | | | |
| 3. Written justification for reduction in cost of | | | | |
| reimbursements paid out | | 7 | | |
| 4. Notice to Director for any of the above if | <u></u> | | | |
| necessary | | V | | |