

# ANNUAL ENGINEERING INSPECTION REPORT (AEIR) FORM

Reporting Year: \_\_\_\_\_

Note: Check applicable landfill class. Class 1 (Reg 22.423(b)) \_\_\_\_\_, Class 3 (22.522(a)) \_\_\_\_\_, Class 4 (22.619(b)) \_\_\_\_\_

Facility Name: \_\_\_\_\_ AFIN: \_\_\_\_\_ Permit #: \_\_\_\_\_ Landfill Class: \_\_\_\_\_

Report Submittal Date: \_\_\_\_\_ Date of Landfill Site Inspection by Certifying Engineer: \_\_\_\_\_

***Complete the form as indicated  
Instructions are bolded and italicized.***

***COLUMN TO BE COMPLETED BY REPORTER***

Item	Regulation Reference	Item Description	Report Information/Comments/Remarks	Attachment Reference
1	22.423(b)(1) 22.522(a)(1) 22.619(b)(1)	Remaining volume in current cell.	a) _____ cubic yards	
		Projected date of opening new cell.	b) Date: _____	
2	22.423(b)(2) 22.522(a)(2) 22.619(b)(2)	Remaining volume of all permitted units.	a) _____ cubic yards	
		Total air space used during the reporting period.	b) _____ cubic yards	
		Estimated remaining site life (years) based on utilization rate during the reporting period. <b><i>Note: Itemize current permitted unit/cell information - use attachment if necessary.</i></b>	c) Landfill Unit/Cell remaining life: Landfill unit/cell _____, _____ years. Landfill unit/cell _____, _____ years. Landfill unit/cell _____, _____ years. d) Entire permitted landfill: _____ years remaining life.	
3	22.423(b)(3) 22.522(a)(3) 22.619(b)(3)	Documentation of fill progression in compliance with permit plans, specs and operating plan and narrative. <b><i>Note: Provide narrative regarding fill progression during the reporting period. Be specific about landfill unit/cell designations (example: Cell 1, Phase A completely filled; Cell 2, Phase A, 50% full, being filled south to north as of December 31). Specifically note any overfill conditions.</i></b>	a) Progression narrative: _____ _____ _____ _____ _____ _____	

4	22.423(b)(4) 22.522(a)(4) 22.619(b)(4)	Documentation of compliance with regulatory operating requirements, permit conditions, approved operating plan, and other applicable regulations. <b>Note: Review current operating plans, and permit conditions. Include photographs of engineer's inspection as Attachment A. Check for weekly/monthly operational logs, waste volume records in and out of landfill, unauthorized waste form sheets, waste cover maintenance, stormwater reports to ADEQ, and wet weather repair information.</b>	a) Weekly/monthly operational logs exist (Y/N)? ___ b) Photos of AEIR inspection attached (Y/N)? ___ c) Waste volume in and out records exist (Y/N)? ___ d) Unauthorized waste forms exist (Y/N)? ___ e) Daily/weekly cover adequate at time of inspection (Y/N)? ___ f) Alternative Daily Cover (ADC) Plan located onsite (Y/N)? ___ Operations in compliance with ADC Plan (Y/N)? ___ g) Liquid Waste Management (LWM) Plan located onsite (Y/N)? ___ Operations in compliance with LWM Plan (Y/N)? ___ h) Liquids received to be bulked during reporting period: _____ gallons _____ tons i) Waste cover of inactive areas maintained adequately (Y/N)? ___ j) Net amount of waste disposed in landfill during reporting period: _____ cubic yards _____ tons k) Leachate head level less than 1' on liner at time of inspection (Y/N)? ___	<b>A</b>
5	22.423(b)(5) 22.522(a)(5) 22.619(b)(5)	Updated contour map that depicts: <b>Note: Provide updated drawing(s) and final cover permit drawing as Attachment B – discuss any discrepancies. Max. contour interval = 2 feet)</b>	a) Updated contour drawing attached (Y/N)? ___ b) Final cover permit drawing attached (Y/N)? ___ c) <b>List all discrepancies here:</b> _____ _____ _____ _____ d) Is there an overfill condition (Y/N)? ___	<b>B</b>
		(i) horizontal and vertical extent of active and inactive fill areas;		
		(ii) status of all permitted units/cells; <b>(Note: Label all active (working face, bulking area, stockpiles), inactive, closed and interim cover areas).</b>	a) Currently, does the facility have sufficient on-site quantities and types of soils for liner and cover construction of permitted units/cells (Y/N)? ___ b) If not, where will deficiency shortfalls be obtained (be specific)? _____ _____ c) Is the current Design Narrative earthwork balance accurate (Y/N)? ___	
		(iii) survey grid (required by 22.426); <b>Note: Include benchmarks and horizontal controls</b>		
		(iv) location of other visible surface features or improvements (e.g., roads, buildings, gas control systems, etc.); <b>Note: Include leachate risers, manholes, monitoring wells, gas wells, etc.</b>		

		(v) the person responsible for gathering the survey data and the date survey data was taken to prepare the map. <i>Reminder: Reporting period is calendar year. Survey data should be collected to reflect the AEIR reporting period.</i>	a) Name: _____ b) Name of person using the data to produce contour map: _____ c) Date survey data was collected: _____	
6	22.423(b)(6) 22.522(a)(6) 22.619(b)(6)	Quantity, location, and characteristics of leachate collected, recirculated, and disposed. <b>Note: Provide analytical report as Attachment C. Provide brief narrative on this form in space provided about leachate sources, how leachate is collected, measured and disposed. Also, explain how the leachate head on the landfill liner is monitored and measured.</b>	a) Leachate Collected: _____ gallons b) Leachate Disposed: _____ gallons c) Leachate Recirculated: _____ gallons d) Leachate Recirculation Plan exists (Y/N)? ____ ADEQ approval Doc # _____ e) Leachate operating records exist (Y/N)? ____ f) Leachate analytical report attached (Y/N)? ____ g) Leachate narrative (collection, measurements and disposal): _____ _____ _____ _____ h) Leachate narrative (verifying <1' head on liner system): _____ _____ _____	C
7	22.423(b)(7) 22.522(a)(7) 22.619(b)(7)	Maintenance of stormwater controls and best management practices for erosion control. <b>Note: List any upset conditions during the reporting period (i.e., washouts, etc...). Also, include narrative about vegetation maintenance and repair.</b>	a) <b>Briefly list maintenance activities and upset conditions here:</b> _____ _____ _____ _____	
8	22.423(b)(8) 22.619(b)(8)	Status of capping and closure of completed areas. <b>Note: List areas with acreage that have received interim or final cover. Include total landfilled area acreage not yet under final certified closed cover. Note: "Certified closed" means the facility has received an approval letter from ADEQ accepting the engineer's closure certification report.</b>	a) Lndfl unit/cell _____ , _____ acres. Intrm or Final Cover (I/F): ____ b) Lndfl unit/cell _____ , _____ acres. Intrm or Final Cover (I/F): ____ c) Lndfl unit/cell _____ , _____ acres. Intrm or Final Cover (I/F): ____ d) Lndfl unit/cell _____ , _____ acres. Intrm or Final Cover (I/F): ____ e) Acres of disposed waste not under final certified cover: _____ acres f) Acres of disposed waste area that have interim cover: _____ acres	
9	22.423(b)(9) 22.522(a)(8) 22.619(b)(9)	Status of remedial or corrective action activities. <b>Note: List corrective action events during reporting period (e.g., seeps and erosion correction, leachate spills, unauthorized waste handling and removal, etc...), and indicate whether action was taken in</b>	a) <b>Briefly list corrective actions events here:</b> _____ _____ _____ b) Were any of the corrective actions taken in response to an ADEQ	

		<i>response to an ADEQ inspection.</i>	inspection (Y/N)? ____ c) Current status of corrective actions: _____ _____ _____ _____ d) Did corrective actions permanently solve the conditions (Y/N)? ____ <b>Explain briefly:</b> _____ _____ _____	
10	22.423(b)(10) 22.522(a)(9) 22.619(b)(10)	Updated Financial Assurance documentation as required by Chapter 14. <b>Note: Include copy of most recent financial assurance documentation as Attachment D. Also, include updated closure and post closure cost estimated as an attachment– recommend to use the Closure Costs and Post-closure Care Costs Worksheet located at <a href="http://www.adeg.state.ar.us/solwaste/branch_technical/pdfs/closure_costs_worksheet.xlsx">ADEQ - Solid Waste - Technical Branch Home Page</a> Specific links to the worksheets: <a href="http://www.adeg.state.ar.us/solwaste/branch_technical/pdfs/closure_costs_worksheet.xlsx">http://www.adeg.state.ar.us/solwaste/branch_technical/pdfs/closure_costs_worksheet.xlsx</a> and <a href="http://www.adeg.state.ar.us/solwaste/branch_technical/pdfs/post_closure_care_costs_worksheet.xlsx">http://www.adeg.state.ar.us/solwaste/branch_technical/pdfs/post_closure_care_costs_worksheet.xlsx</a>. Show detailed calculations of cost items in tabular format with specific item breakdowns. Also, show source of unit cost information and/or inflationary factor adjustments – use ADEQ factors where applicable. If updated unit cost information is used instead of inflationary factors, show the source of unit cost information. Confirm estimates are based on largest area ever requiring final cover.</b>	a) Size of the facility property under current permit? ____ acres b) Size of actual permitted disposal area? ____ acres c) What is the current total permitted disposal area that contains disposed waste but is not certified closed? ____ acres d) Updated closure cost estimate amount: \$ _____ e) Is the closure cost estimate based on the largest area ever requiring closure (Y/N)? ____ f) Is the existing closure financial assurance adequate for acreage not yet certified closed (Y/N)? ____ g) Updated post closure care cost estimate amount: \$ _____ h) Is the existing post closure care financial assurance adequate for all permitted areas (Y/N)? ____ i) Is the financial assurance mechanism a trust fund (Y/N)? ____ j) Are the sources of information for updated unit cost line items shown on the cost estimate calculations (Y/N)? ____ k) Do the unit cost items for soil cover material include actual third party cost of materials and labor (Y/N)? ____	<b>D</b>
11	22.423(b)(11) 22.522(a)(10) 22.619(b)(11)	Revised or updated facility Closure Plan in accordance with Chapter 13. <b>Note: Provide updated Closure Plan as Attachment E if facility obtained a permit modification during the reporting period that affects the closure and/or post closure care.</b>	a) Was an updated Closure Plan required during this reporting period (Y/N)? ____ b) Is an updated Closure Plan attached herein (Y/N)? ____	<b>E</b>
12	22.423(b)(12) 22.522(a)(11) 22.619(b)(12)	Other items that affect compliance. <b>Note: Include an ADEQ enforcement activity summary (solid waste, water, air, hazardous waste related) and , status of operating and permit fees. Also, include brief narrative concerning groundwater monitoring reports, landfill gas, leachate</b>	a) Are there current ADEQ enforcement actions (Y/N)? ____ b) Summary of enforcement actions: _____ _____ _____ c) Are operating and permit fees payments up-to-date (Y/N) ? ____	

		<p><i>recirculation, alternate daily cover, etc...</i></p>	<p>If not explain:  <hr/> <hr/></p> <p>Additional Information:</p> <p>d) Does the facility monitor groundwater (Y/N)?: ____  If so, is it detection monitoring or assessment monitoring?: _____</p> <p>e) What is the groundwater analytical sampling frequency? ____ months</p> <p>f) Does the facility collect landfill gas (Y/N)?: ____</p> <p>g) Does the facility have a Gas Monitoring Plan (Y/N)? ____</p> <p>h) Does the facility have gas monitoring probes (Y/N)? ____</p> <p>i) Does the facility use an alternate daily cover (ADC)(Y/N)? ____  If so, what type of ADC is used: _____  If so, list document id# approving ADC: _____</p> <p>j) Does the facility have a Liquid Waste Management (LWM) Plan (Y/N)? ____  If so, list document id# approving the LWM Plan: _____</p> <p>k) Date and document id # of currently approved Operating Plan and Narrative: Date: _____ Doc#: _____</p> <p>l) Date and document id # for currently approved Closure/ Post Closure Plan: Date: _____ Doc#: _____</p> <p>m) Date and document id # of currently approved Permit Drawings: Date: _____ Doc#: _____</p> <p>n) Date and document id # of currently approved Design Narrative: Date: _____ Doc#: _____</p> <p>o) Are weigh scales utilized at the landfill (Y/N)? ____</p> <p>p) Does the final cap include a synthetic liner (Y/N)? ____</p> <p>q) Does the final cap include clay liner (Y/N)? ____</p> <p>r) Total current permitted landfill volume: _____ cubic yards</p>	
13	22.423(b) 22.522(a) 22.619(b)	<p>Certification of AEIR Report: “I have inspected the landfill site and have prepared this report to reflect operational compliance with permit conditions, permit plans, specifications, narrative, and all applicable regulations”</p>	<p>a) Arkansas Licensed Engineer:</p> <p>Sign: _____ Date: _____</p> <p>b) License Number: _____</p> <p>c) <b>Attach seal here:</b></p>	