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**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS**

**Briar Hill Waste Disposal Site  
2018 Annual Monitoring, Development and  
Operations Report**



## Appendix D-Monitoring and Screening Checklist General Information and Instructions

**General Information: The checklist is to be completed, and submitted with the Monitoring Report.**

**Instructions:** A complete checklist consists of:

- (a) a completed and signed checklist, including any additional pages of information which can be attached as needed to provide further details where indicated.
- (b) completed contact information for the Competent Environmental Practitioner (CEP)
- (c) self-declaration that CEP(s) meet(s) the qualifications as set out below and in Section 1.2 of the Technical Guidance Document.

**Definition of Groundwater CEP:**

For groundwater, the CEP must have expertise in hydrogeology and meet one of the following:

- (a) the person holds a licence, limited licence or temporary licence under the *Professional Engineers Act*; or
- (b) the person holds a certificate of registration under the *Professional Geoscientists Act, 2000* and is a practicing member, temporary member or limited member of the Association of Professional Geoscientists of Ontario. O. Reg. 66/08, s. 2..

**Definition of Surface water CEP:**

A CEP for surface water assessments is a scientist, professional engineer or professional geoscientist as described in (a) and (b) above with demonstrated experience and post-secondary education, either a diploma or degree, in hydrology, aquatic ecology, limnology, aquatic biology, physical geography with specialization in surface water, and/or water resource management.

The type of scientific work that a CEP performs must be consistent with that person's education and experience. If an individual has appropriate training and credentials in both groundwater and surface water and is responsible for both areas of expertise, the CEP may then complete and validate both sections of the checklist.

<b>Monitoring Report and Site Information</b>	
<b>Waste Disposal Site Name</b>	Briar Hill (Lyndhurst) Waste Disposal Site
<b>Location (e.g. street address, lot, concession)</b>	Lot 8, Concession 11, in the Township of Leeds and the Thousand Islands
<b>GPS Location (taken within the property boundary at front gate/ front entry)</b>	443244.01 N, 761015.37 W
<b>Municipality</b>	Township of Leeds and the Thousand Islands
<b>Client and/or Site Owner</b>	The Corporation of the Township of Leeds and the Thousand Islands
<b>Monitoring Period (Year)</b>	2018
This Monitoring Report is being submitted under the following:	
<b>Environmental Compliance Approval Number:</b>	A442103
<b>Director's Order No.:</b>	NA
<b>Provincial Officer's Order No.:</b>	NA
<b>Other:</b>	NA

<b>Report Submission Frequency</b>	<input checked="" type="radio"/> Annual <input type="radio"/> Other		
<b>The site is: (Operation Status)</b>	<input checked="" type="radio"/> Open <input type="radio"/> Inactive <input type="radio"/> Closed		
<b>Does your Site have a Total Approved Capacity?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No		
<b>If yes, please specify Total Approved Capacity</b>	85,600.00	Units	Cubic Metres
<b>Does your Site have a Maximum Approved Fill Rate?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No		
<b>If yes, please specify Maximum Approved Fill Rate</b>	NA	Units	
<b>Total Waste Received within Monitoring Period (Year)</b>	1,503.00	Units	Cubic Metres
<b>Total Waste Received within Monitoring Period (Year) Methodology</b>	Difference between volumes from annual surveys.		
<b>Estimated Remaining Capacity</b>	57,319.00	Units	Cubic Metres
<b>Estimated Remaining Capacity Methodology</b>	Approved capacity minus current waste volume, as determined by survey.		
<b>Estimated Remaining Capacity Date Last Determined</b>	March 29, 2019		
<b>Non-Hazardous Approved Waste Types</b>	<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Industrial, Commercial & Institutional (IC&I) <input type="checkbox"/> Source Separated Organics (Green Bin) <input type="checkbox"/> Tires	<input type="checkbox"/> Contaminated Soil <input type="checkbox"/> Wood Waste <input checked="" type="checkbox"/> Blue Box Material <input type="checkbox"/> Processed Organics <input checked="" type="checkbox"/> Leaf and Yard Waste	<input type="checkbox"/> Food Processing/Preparation Operations Waste <input type="checkbox"/> Hauled Sewage Other: <input type="text"/>
<b>Subject Waste Approved Waste Classes: Hazardous &amp; Liquid Industrial (separate waste classes by comma)</b>			
<b>Year Site Opened (enter the Calendar Year only)</b>		<b>Current ECA Issue Date</b>	August 20, 2015
<b>Is your Site required to submit Financial Assurance?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No		
<b>Describe how your Landfill is designed.</b>	<input checked="" type="radio"/> Natural Attenuation only <input type="radio"/> Fully engineered Facility <input type="radio"/> Partially engineered Facility		
<b>Does your Site have an approved Contaminant Attenuation Zone?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No		

<p><b>If closed, specify C of A, control or authorizing document closure date:</b></p>	
<p><b>Has the nature of the operations at the site changed during this monitoring period?</b></p>	<p> <input type="radio"/> Yes  <input checked="" type="radio"/> No         </p>
<p><b>If yes, provide details:</b></p>	<p>Type Here</p>
<p><b>Have any measurements been taken since the last reporting period that indicate landfill gas volumes have exceeded the MOE limits for subsurface or adjacent buildings? (i.e. exceeded the LEL for methane)</b></p>	<p> <input type="radio"/> Yes  <input checked="" type="radio"/> No         </p>

## Groundwater WDS Verification:

Based on all available information about the site and site knowledge, it is my opinion that:

### Sampling and Monitoring Program Status:

<p>1) The monitoring program continues to effectively characterize site conditions and any groundwater discharges from the site. All monitoring wells are confirmed to be in good condition and are secure:</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p>See report for details. Some minor repairs were completed in 2018, and may require additional attention in 2019.</p>
<p>2) All groundwater, leachate and WDS gas sampling and monitoring for the monitoring period being reported on was successfully completed as required by Certificate(s) of Approval or other relevant authorizing/control document (s):</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable</p>	<p>If no, list exceptions below or attach information.</p>

Groundwater Sampling Location	Description/Explanation for change (change in name or location, additions, deletions)	Date
OW17, OW22	Unable to sample due to dry conditions. See report for details.	November 2018
Type Here	Type Here	Select Date

3) a) Is landfill gas being monitored or controlled at the site?		<input checked="" type="radio"/> Yes <input type="radio"/> No	
If yes to 3(a), please answer the next two questions below.			
b) Have any measurements been taken since the last reporting period that indicate landfill gas is present in the subsurface at levels exceeding criteria established for the site?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
c) Has the sampling and monitoring identified under 3(a) for the monitoring period being reported on was successfully completed in accordance with established protocols, frequencies, locations, and parameters developed as per the Technical Guidance Document, or MECP concurrence.		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable	If no, list exceptions below or attach additional information.
<b>Groundwater Sampling Location</b>	<b>Description/Explanation for change (change in name or location, additions, deletions)</b>	<b>Date</b>	
OW17, OW22	Unable to sample due to dry conditions. See report for details.	November 2018	
Type Here	Type Here	Select Date	
4) All field work for groundwater investigations was done in accordance with standard operating procedures as established/outlined per the Technical Guidance Document (including internal/external QA/QC requirements) (Note: A SOP can be from a published source, developed internally by the site owner's consultant, or adopted by the consultant from another organization):	<input checked="" type="radio"/> Yes <input type="radio"/> No	See report for details.	

## Sampling and Monitoring Program Results/WDS Conditions and Assessment:

<p>5) The site has an adequate buffer, Contaminant Attenuation Zone (CAZ) and/or contingency plan in place. Design and operational measures, including the size and configuration of any CAZ, are adequate to prevent potential human health impacts and impairment of the environment.</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>	<p>Development of additional CAZ for the Site is ongoing in consultation with MECF personnel.</p>	
<p>6) The site meets compliance and assessment criteria.</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>	<p>See previous comment and report for details.</p>	
<p>7) The site continues to perform as anticipated. There have been no unusual trends/ changes in measured leachate and groundwater levels or concentrations.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p>If no, list exceptions and explain reason for increase/change (Type Here):</p>	
<p>1) Is one or more of the following risk reduction practices in place at the site:</p> <p>(a) There is minimal reliance on natural attenuation of leachate due to the presence of an effective waste liner and active leachate collection/ treatment; or</p> <p>(b) There is a predictive monitoring program in-place (modeled indicator concentrations projected over time for key locations); or</p> <p>(c) The site meets the following two conditions (typically achieved after 15 years or longer of site operation):</p> <p><i>i.</i> The site has developed stable leachate mound(s) and stable leachate plume geometry/concentrations; and</p> <p><i>ii.</i> Seasonal and annual water levels and water quality fluctuations are well understood.</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>	<p>Note which practice(s):</p>	<p><input type="checkbox"/> (a) <input type="checkbox"/> (b) <input type="checkbox"/> (c) As discussed in report.</p>
<p>9) Have trigger values for contingency plans or site remedial actions been exceeded (where they exist):</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable</p>	<p>See report for discussion.</p>	



## Groundwater CEP Declaration:

I am a licensed professional Engineer or a registered professional geoscientist in Ontario with expertise in hydrogeology, as defined in Appendix D under Instructions. Where additional expertise was needed to evaluate the site monitoring data, I have relied on individuals who I believe to be experts in the relevant discipline, who have co-signed the compliance monitoring report or monitoring program status report, and who have provided evidence to me of their credentials.

I have examined the applicable Certificate of Approval and any other environmental authorizing or control documents that apply to the site. I have read and followed, as deemed appropriate for this Site in my professional judgement, the Monitoring and Reporting for Waste Disposal Sites Groundwater and Surface Water Technical Guidance Document (MOE, 2010, or as amended), and associated monitoring and sampling guidance documents, as amended from time to time. I have reviewed all of the data collected for the above-referenced site for the monitoring period(s) identified in this checklist. Except as otherwise agreed with the ministry for certain parameters, all of the analytical work has been undertaken by a laboratory which is accredited for the parameters analyzed to ISO/IEC 17025:2005 (E)- General requirements for the competence of testing and calibration laboratories, or as amended from time to time by the ministry.

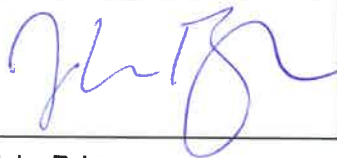
The completion of this Checklist is a requirement of the MECP. As always, we rely upon the MECP to undertake a complete review the report(s) provided regarding the waste disposal site/landfill, and provide their comments and acceptance of our interpretation, conclusions and recommendations. The Checklist should in no way supersede the MECP's responsibility to undertake their complete review of our report(s) to ensure Site compliance with environmental regulations, standards and/or approvals. If any exceptions or potential concerns have been noted in the questions in the checklist attached to this declaration, it is my opinion that these exceptions and concerns are minor in nature and will be rectified for the next monitoring/reporting period. Where this is not the case, the circumstances concerning the exception or potential concern and my client's proposed action have been documented in writing to the Ministry of the Environment District Manager in a letter from me dated:

Select Date

## Recommendations:

### Based on my technical review of the monitoring results for the waste disposal site:

<p><input checked="" type="radio"/> <b>No changes to the monitoring program are recommended</b></p> <p><input type="radio"/> <b>The following change(s) to the monitoring program is/are recommended:</b></p>	<p>See report for details.</p>
<p><input checked="" type="radio"/> <b>No Changes to site design and operation are recommended</b></p> <p><input type="radio"/> <b>The following change(s) to the site design and operation is/ are recommended:</b></p>	<p>See report for details.</p>

<b>Name:</b>	John Pyke		
<b>Seal:</b>	Add Image		
<b>Signature:</b>		<b>Date:</b>	March 29, 2019
<b>CEP Contact Information:</b>	John Pyke		
<b>Company:</b>	Malroz Engineering Inc.		
<b>Address:</b>	308 Wellington St., 2nd Floor, Kingston ON		
<b>Telephone No.:</b>	613-548-3446 ext. 34	<b>Fax No. :</b>	Type Here
<b>E-mail Address:</b>	pyke@malroz.com		
<b>Co-signers for additional expertise provided:</b>			
<b>Signature:</b>		<b>Date:</b>	Select Date
<b>Signature:</b>		<b>Date:</b>	Select Date

## Surface Water WDS Verification:

Provide the name of surface water body/bodies potentially receiving the WDS effluent and the approximate distance to the waterbody (including the nearest surface water body/bodies to the site):

<b>Name (s)</b>	Unnamed creek, see report.
<b>Distance(s)</b>	north of the Site, see report.

Based on all available information and site knowledge, it is my opinion that:

### Sampling and Monitoring Program Status:

<b>1) The current surface water monitoring program continues to effectively characterize the surface water conditions, and includes data that relates upstream/background and downstream receiving water conditions:</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No	See report for discussion.
<b>2) All surface water sampling for the monitoring period being reported was successfully completed in accordance with the Certificate(s) of Approval or relevant authorizing/control document(s) (if applicable):</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable (No C of A, authorizing / control document applies)	If no, specify below or provide details in an attachment.

Surface Water Sampling Location	Description/Explanation for change (change in name or location, additions, deletions)	Date
Type Here	Type Here	Select Date

<p>3) a) Some or all surface water sampling and monitoring program requirements for the monitoring period have been established outside of a ministry C of A or authorizing/control document, or MECP concurrence.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable</p>	
<p>b) If yes, all surface water sampling and monitoring identified under 3 (a) was successfully completed in accordance with the established program from the site, including sampling protocols, frequencies, locations and parameters) as developed per the Technical Guidance Document:</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable</p>	<p>If no, specify below or provide details in an attachment.</p>
Surface Water Sampling Location	Description/Explanation for change (change in name or location, additions, deletions)	Date
Type Here	Type Here	Select Date
<p>4) All field work for surface water investigations was done in accordance with standard operating procedures, including internal/external QA/QC requirements, as established/outlined as per the Technical Guidance Document, MOE 2010, or as amended. (Note: A SOP can be from a published source, developed internally by the site owner's consultant, or adopted by the consultant from another organization):</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>See report for discussion.</p>

## Sampling and Monitoring Program Results/WDS Conditions and Assessment:

5) The receiving water body meets surface water-related compliance criteria and assessment criteria: i.e., there are no exceedances of criteria, based on MECP legislation, regulations, Water Management Policies, Guidelines and Provincial Water Quality Objectives and other assessment criteria (e.g., CWQGs, APVs), as noted in Table A or Table B in the Technical Guidance Document (Section 4.6):

- Yes  
 No

**If no, list parameters that exceed criteria outlined above and the amount/percentage of the exceedance as per the table below or provide details in an attachment:**

Parameter	Compliance or Assessment Criteria or Background	Amount by which Compliance or Assessment Criteria or Background Exceeded
e.g. Nickel	e.g. C of A limit, PWQO, background	e.g. X% above PWQO
See report for discussion.		
6) In my opinion, any exceedances listed in Question 5 are the result of non-WDS related influences (such as background, road salting, sampling site conditions)?	<input checked="" type="radio"/> Yes  <input type="radio"/> No	If yes, specify (Type Here): See report for discussion.  Background conditions show several exceedances of criteria. See report for details.

<p>7) <b>All monitoring program surface water parameter concentrations fall within a stable or decreasing trend. The site is not characterized by historical ranges of concentrations above assessment and compliance criteria.</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>See report for details.</p>
<p>8) <b>For the monitoring program parameters, does the water quality in the groundwater zones adjacent to surface water receivers exceed assessment or compliance criteria (e.g., PWQOs, CWQGs, or toxicity values for aquatic biota (APVs)):</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Known</p> <p><input type="radio"/> Not Applicable</p>	<p>See report for discussion.</p>
<p>9) <b>Have trigger values for contingency plans or site remedial actions been exceeded (where they exist):</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable</p>	<p>See report for discussion. Development of additional CAZ in process.</p>

## Surface Water CEP Declaration:

I, the undersigned hereby declare that I am a Competent Environmental Practitioner as defined in Appendix D under Instructions, holding the necessary level of experience and education to design surface water monitoring and sampling programs, conduct appropriate surface water investigations and interpret the related data as it pertains to the site for this monitoring period.

I have examined the applicable Certificate of Approval and any other environmental authorizing or control documents that apply to the site. I have read and followed, as deemed appropriate for this Site in my professional judgement, the Monitoring and Reporting for Waste Disposal Sites Groundwater and Surface Water Technical Guidance Document (MECP, 2010, or as amended) and associated monitoring and sampling guidance documents, as amended from time to time. I have reviewed all of the data collected for the above-referenced site for the monitoring period(s) identified in this checklist. Except as otherwise agreed with the ministry for certain parameters, all of the analytical work has been undertaken by a laboratory which is accredited for the parameters analysed to ISO/IEC 17025:2005 (E)- General requirements for the competence of testing and calibration laboratories, or as amended from time to time by the ministry.

The completion of this Checklist is a requirement of the MECP. As always, we rely upon the MOE to undertake a complete review the report(s) provided regarding the waste disposal site/landfill, and provide their comments and acceptance of our interpretation, conclusions and recommendations. This Checklist should in no way supersede the MECP responsibility to undertake their complete review of our report(s) to ensure compliance with environmental regulations, standards and approvals.

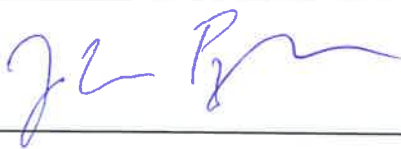
If any exceptions or potential concerns have been noted in the questions in the checklist attached to this declaration, it is my opinion that these exceptions and concerns are minor in nature or will be rectified for future monitoring events. Where this is not the case, the circumstances concerning the exception or potential concern and my client's proposed action have been documented in writing to the Ministry of the Environment District Manager in a letter from me dated:

Select Date

## Recommendations:

### Based on my technical review of the monitoring results for the waste disposal site:

<p><input checked="" type="radio"/> <b>No Changes to the monitoring program are recommended</b></p> <p><input type="radio"/> <b>The following change(s) to the monitoring program is/are recommended:</b></p>	<p>Type Here</p>
<p><input checked="" type="radio"/> <b>No changes to the site design and operation are recommended</b></p> <p><input type="radio"/> <b>The following change(s) to the site design and operation is/are recommended:</b></p>	<p>Type Here</p>

<b>CEP Signature</b>		
<b>Relevant Discipline</b>	Geoscientist with relevant experience and training.	
<b>Date:</b>	March 29, 2019	
<b>CEP Contact Information:</b>	John Pyke	
<b>Company:</b>	Malroz Engineering Inc.	
<b>Address:</b>	308 Wellington St., 2nd Floor, Kingston ON	
<b>Telephone No.:</b>	613-548-3446 ext. 34	
<b>Fax No. :</b>	Type Here	
<b>E-mail Address:</b>	pyke@malroz.com	
<b>Save As</b>		<b>Print Form</b>



## NOTICE TO READER

This document has been prepared by Malroz Engineering Inc. (*Malroz*) on behalf of the Township of Leeds and the Thousand Islands (TLTI), in fulfilment of Condition 6(6) of Amended Environmental Compliance Approval (ECA) No. A442103.

*Malroz* has relied upon site observations and previous reports to provide historic data and the conceptual understanding of the site. *Malroz* accepts no responsibility for the integrity of the data provided by TLTI or for missing historic data. Any third party use or reliance of this report, or decisions made based on this report, are the responsibilities of the third parties. *Malroz* accepts no responsibility for damages suffered by any third party as a result of decisions made or actions taken based on the contents of this report.

This document has been prepared for TLTI for submission to the Ministry of Environment, Conservation and Parks (*MECP*) as required by the ECA. Unauthorized re-use of this document for any other purpose, or by third parties without the express written consent of *Malroz* shall be at such party's sole risk.

This page is an integral part of this document and must remain with it at all times.

Respectfully Submitted,

MALROZ ENGINEERING INC.



per: Camille Malcolm, M.Sc., G.I.T.  
Environmental Scientist



and: John Pyke, P.Geo.,  
Project Manager



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## 1.0 Introduction

The Briar Hill waste disposal site (the Site) operates under Amended Environmental Compliance Approval (ECA) No. A442103 issued by the Ministry of Environment, Conservation and Parks (MECP), dated August 20, 2015 (see Appendix C). The Site is located at 104 Turk Rock Rd on part of Lot 18, Concession 11 in the Township of Leeds and the Thousand Islands (TLTI), Ontario (Figure 1, Appendix B). In accordance with the ECA, a monitoring, development and operations report (AMR) is to be completed annually.

*Malroz* was retained by TLTI to conduct the semi-annual monitoring of the groundwater and surface water at the Site, and report on the development and operations of the Site. This document presents our methodology, results and interpretation, in accordance with the ECA. This report was prepared on behalf of the TLTI, using data collected by *Malroz* and available information provided by TLTI staff.

### 1.1 Ownership and Key Personnel

The Site is owned and maintained by the Corporation of the Township of Leeds and the Thousand Islands. Key contacts for the Site are as follows:

Municipal Contact

Adam Goheen

Director of Operations

1233 Prince Street, P.O. Box 280

Lansdowne, Ontario, K0E 1L0

613-659-2415 ext. 213

[agoheen@townshipleeds.on.ca](mailto:agoheen@townshipleeds.on.ca)

Environmental Professional Contact

John Pyke, P.Geo.

Project Manager

308 Wellington St.

Kingston, Ontario, K7K 7A8

613-548-3446 ext. 34

[pyke@malroz.com](mailto:pyke@malroz.com)

## 2.0 Background

The geology, hydrogeology, physiography, and hydrology of the Site are described in this section, based on our review of collected data, including site observations and previous reports on investigations at the Site.

## 2.1 Geological Setting

Based on a geological map of the region, the Site is located on the Lyndhurst granite (Precambrian granite and syenite) and is surrounded by lime silicate rocks to the north and west, and granitic gneiss to the east (Hewitt, 1964). Well records for bedrock wells BW1 and BW2 (Appendix D) suggest two distinct lithologies are present at the Site: with BW1 set in metasedimentary and BW2 in granitic bedrock (Figure 3, Appendix A). The Ontario Geological Survey's (OGS) GIS database<sup>1</sup> identifies granitic gneisses underlying the southern two-thirds of the site and carbonate metasedimentary rocks underlying the northern portion of the Site: The inferred contact between the two lithologies runs approximately southwest to northeast, just north of the active fill area, and transecting the former waste mound (OGS, 2011).

Several bedrock outcrops are present on Site, mainly in the south portion of the Site, by the Tackaberry Quarry, as well as in the forested area north of the waste fill area. Around the Site, depth to bedrock ranges from 0 to 11 mbg (Appendix D). The presence of outcrops, different bedrock species, and considering some areas of the Site have reported up to 6 m of overburden, suggests that the geomorphology at the Site is highly variable.

Water well records also show that the overburden consists of clay and sand, and ranges from approximately 3 to 11 metres thick (refer to Appendix D).

## 2.2 Hydrogeologic Setting

Groundwater elevation data collected during the 2018 monitoring program indicates a north to north-westerly flow in the overburden, towards an unnamed tributary of Morton Creek, just north of the Site. Based on monitoring and survey data, the overburden groundwater from the Site appears to discharge to the unnamed stream north of the Site (refer to Tables 1 and 3, Appendix B).

Artesian conditions observed at deeper groundwater well OW15D suggests an upwards gradient and potential discharge to the stream located North of the Site. Groundwater elevations suggest that the groundwater flow in the bedrock is towards the northeast. However, it is notable that these wells are not screened within the same unit: OW15D and BW2D are within the granite, while BW1 is within metasedimentary. The influence of the various geologic units on the bedrock hydrogeology has not been fully assessed.

We understand that there are two residential properties downgradient of the Site and within 500 m: 151 Fortune Line Rd and 122 Turk Rock Rd. The residential property located north

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<sup>1</sup> Bedrock Geology (GIS database MRD126-REV1), Ontario Ministry of Northern Development and Mines, 2017.

of the creek at 122 Turk Rock Road reportedly does not have a private drinking water well, and drinking water is trucked to the residence and stored in a cistern<sup>2</sup>. There is also a residential well associated with the property at 151 Briar Hill Rd, located upgradient, to the South of the Site. We understand that residential wells are screened within the bedrock.

### **2.3 Surface Water Features**

An unnamed tributary to Morton Creek flows east to west and is located north of the Site. The creek flows under Turk Rock Road and westward past OW17, OW15-S&D and OW24. The unnamed creek continues west under Fortune Line Road and eventually flows into Morton Creek. From the confluence of Morton Creek and the unnamed stream, Morton Creek flows approximately 3 km and discharges into Whitefish Lake, which is part of the Rideau Waterway.

### **2.4 MECP Review**

In a memorandum dated October 5, 2018, the Ministry of Environment, Conservation, and Parks (MECP) provided the following comments and recommendations regarding the 2017 Annual Monitoring Report surface water program:

- Continue surface water monitoring sampling.
- Determine if other sources may be impacting water quality at SW5.

*Malroz* met with the MECP on March 21, 2019 to review action items for the Site. The following tasks and action were discussed:

- i. Contaminant Attenuation Zone (CAZ) to the North has been purchased (Figure 2, Appendix A): upon MECP technical support review, the District will be consulted regarding next steps, including ECA amendment to reflect acquisition.
- ii. The proposed CAZ to the west of the Site will be reviewed following the MECP technical evaluation of the 2018 AMR. Upon receipt of comments, next steps in securing and purchasing the CAZ will be evaluated.

## **3.0 Development and Operations**

### **3.1 Waste Disposal Site Description**

The Site operates under ECA No. A442103, amended in 2015, which permits a 2.4 hectare waste disposal area and transfer site within a total site area of 16 hectares. The Site accepts non-hazardous waste from within the TLTI.

The corners of the landfilling area are marked and secured by fencing. The site is adjacent to an active sand and gravel pit to the south, an agricultural property to the west, and a

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<sup>2</sup> Solid Non-Hazardous Waste Disposal Site Inspection Report, Ministry of Environment and Climate Change, March 6, 2015

agricultural/residential property to the north. Turk Rock Road is adjacent to the eastern property boundary, and a forested area is present to the west of the active waste area.

Waste was previously deposited at the Briar Hill landfill on the eastern segment of the Site (Figure 2, Appendix A). Following the closure of the former waste area, filling activities began to the west, near the centre of the property (Figure 2, Appendix B). The leased land located to the west of the Site and the purchased land located to the north of the Site are intended to serve as a buffer zone for contaminant attenuation. We understand that the registration of the new property as a CAZ is on-going.

Information regarding Site operations in 2018 was provided through attendant log books, site observations, and site investigations.

### **3.2 Site Access**

The Site is accessed from Turk Rock Road off Briar Hill Road. Geodetic coordinates for the Site entrance are as follows (2013 Site survey):

Zone:	NAD 83, 18T
Easting:	0407020.1 m (+/- 0.5 m)
Northing:	4933135.1 m (+/- 0.5 m)

### **3.3 Service Area**

Only waste that is generated within the boundaries of the TLTI is accepted at the Site. According to the 2016 census, the population of TLTI was 9,465<sup>3</sup>

### **3.4 Method of Waste Disposal**

The Briar Hill Waste Disposal Site operates as an area fill site. On a bi-weekly basis, the waste is contoured, compacted and covered. MANCO provides recycling bin rentals for the Site and provides pickup and processing services for recycling materials dropped off by TLTI residents.

Burning of waste at the Site was carried out in accordance to condition 2(6) (a) of the ECA, which permits the burning of segregated, clean wood and brush at the landfill provided it is completed in compliance with the Ministry of the Environment document “Guideline C-7, Burning at Landfill Sites” (dated April 1994). All other types of waste burning are prohibited at the Site. According to discussions with the Site’s attendant, burning occurs at the Site prior to compactor’s arrival, so that ashes can be included in the compaction.

No spills or emergencies, as described by condition 5 of the ECA, occurred at the Site in 2018.

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<sup>3</sup> 2016 Census Profile, Leeds and the Thousand Islands, Ontario. Statistics Canada.

### **3.5 Hours of Operation**

Hours of operation are as follows:

Monday	8:30a.m. - 4:45 p.m.
Wednesday	8:30 a.m. - 4:45 p.m.
Thursday	8:30 a.m. - 4:45 p.m.
Saturday	8:30 a.m. - 4:45 p.m.

The entrance and exit gates are locked and no waste is received at the Site during non-operating hours. The Site was supervised by a site attendant during operating hours. A program is in place to inspect incoming waste loads for compliance. Daily records of site operations and conditions are kept by the Attendant and have been provided in Appendix F. Signs and labels at the Site are in accordance with ECA condition 2.

### **3.6 Waste Characteristics**

According to the ECA, only solid non-hazardous municipal waste as defined under O. Reg. 347 is accepted at the Site. We understand loads of waste are inspected by site staff prior to their acceptance at the Site. Based on the daily attendant logs, waste loads were rejected on July 15 and September 8, 2018, for absence of tags, as well as on August 9, 2018 due to out-of-township residents.

The site serves as a recycling depot operated by TLTI staff and serviced by MANCO.

### **3.7 Phasing of Site Usage**

We understand that waste at the site is compacted using a CAT compactor and covered with sand fill bi-weekly. Material is brought in from off-site.

### **3.8 Site Inspections**

Daily site inspections were undertaken at the Site (Appendix F). The following comments were noted:

- On April 18, people had been in after hours, destroyed pest-control traps and routed through bins.
- Windblown litter by the fence and attendant's cabin was reported on April 19 and requested additional personnel to help clean up. Windblown litter was reported frequently after this date.
- Animals (birds) were occasionally reported present around the Site.
- Some ponded water was observed after rainfall.

*Malroz* undertook an inspection of the Briar Hill Landfill on November 14, 2018. The following observations were made:



- Ponded water at the base of brush stockpile
- Windblown litter is a continued concern, attendants are picking up but they have requested additional personnel to help
- The perimeter fence has fallen near and to the left of the entrance gate

### **3.9 Record of Complaints**

No complaints were reportedly received at the Site in 2018.

### **3.10 Record Keeping**

Field notes and Site records are maintained at the Township offices, 1233 Prince Street, Lansdowne, Ontario.

### **3.11 Remaining Site Capacity**

The maximum volumetric capacity approved for the Site is 85,600 m<sup>3</sup> as reported in the ECA Section 7(4). This volume includes the waste, daily cover, intermediate cover and final cover. The volume does not include historical volume of waste deposited prior to May 2003 within the 1.5 hectare area of the former landfill.

In December 2018, *Malroz* conducted a capacity survey at the Site. The survey identified a total of 1,503 m<sup>3</sup> of waste was deposited in 2018. According to the 2016 BluMetric survey and considering the amount deposited in 2017 and 2018, the total waste volume at the Site is approximately 28,281 m<sup>3</sup>. Based on the approved capacity of the Site, as reported in the ECA and using an average rate of fill of 1,720 m<sup>3</sup> (average based on the last three years), the remaining capacity of the site is approximately 33 years.

## **4.0 Description of Monitoring Program**

Groundwater and surface water monitoring are conducted on a semi-annual basis in the spring and fall, in accordance with the ECA. Results of the environmental monitoring are reported to the MECP on an annual basis by March 31 of the year following the reporting period. The current monitoring plan for the Site utilizes the Ontario Drinking Water Standards (ODWS) to assess groundwater conditions and Provincial Water Quality Objectives (PWQO) to assess surface water conditions.

Field work for the 2018 monitoring programs was conducted during the spring (April 24-25) and fall (November 13-14). Groundwater and surface water programs are detailed in sections 4.1 and 4.2 below.

### **4.1 Groundwater Monitoring Program**

The 2018 groundwater monitoring program consists of 16 overburden monitoring wells and four bedrock monitoring wells (Figure 2, Appendix B). Monitoring wells were

surveyed during the 2017 sampling program to obtain elevations for the wells. We recommend that unused wells OW7, L8, and OW6 be abandoned in accordance with O. Reg. 903.

The groundwater monitoring program is attached as Appendix J. Results from well inspections, monitoring and groundwater sampling are presented in section 5.

#### **4.2 Surface Water Monitoring Program**

There are three active surface water sampling stations located around the Site: SW1, SW4 and SW5 (Table 8, Appendix B). The surface water monitoring program is provided in Appendix J. Results from surface water sampling are presented in section 5. A survey of surface water stations was conducted in 2018; results are included in Table 1 (Appendix B).

#### **4.3 Variations in Monitoring and Reporting**

In 2018, *Malroz* followed the groundwater and surface water programs as specified in the ECA with the following variations:

- Groundwater wells OW17 and OW22 were not sampled in the fall due to dry conditions.
- The following monitoring wells have been previously reported as abandoned but were found intact on site by *Malroz* field staff: L8, OW6, and OW7. We recommend that these wells be abandoned in accordance with O. Reg. 903.
- Unusually elevated field pH, measured during the fall sampling event, is suspected to result from instrument error, rather than environmental conditions, and will be re-evaluated at the next monitoring event.

#### **4.4 Data Quality Evaluation**

Samples were collected using laboratory supplied sample bottles containing preservatives appropriate for each parameter. Samples were submitted to Caduceon Laboratories (*Caduceon*) for analyses. *Caduceon* is a Canadian Association for Laboratory Accreditation (CALA) accredited laboratory that uses *MECP* recognized methods to conduct laboratory analyses.

### **5.0 Discussion of Results**

Results of the 2018 groundwater and surface water programs are presented in this section. Results from well inspections are presented in Table 2 and groundwater monitoring results are presented in Table 3 (Appendix B). Groundwater chemistry results are presented in Tables 4 & 5 and reasonable use limit (RULs) calculations are presented in Table 6 (Appendix B). Surface water

chemistry results are presented in Table 7 (Appendix B). Observed results have been compared to applicable standards and any observed exceedances are highlighted.

### **5.1 Well Inspection**

A well inspection was undertaken by *Malroz* during the 2018 sampling events. The well inspection included a visual inspection of accessible portions of the well piezometer, casing, cap, lock, and well seal. Wells were assigned one of the following conditions:

- Good – the well is in good condition with no maintenance required.
- Fair – exhibits some minor deficiencies, however well integrity is not compromised.
- Poor – well integrity is compromised and the well requires maintenance or abandonment.

Results of the well inspections are summarized in Table 2 (Appendix B), the following comments were provided:

- OW24 was found with the casing knocked over during the November sampling event. This is the second time in two years that this well is found knocked over and may indicate that its location is interfering with activities occurring in the adjacent field. Field staff put the well casing back in place in November 2018, however this well casing requires further stabilizing.
- Monitoring wells L2, L10 and L11 are capped with a threaded plug but currently not locked. These will be secured with a lock in 2019.
- Monitoring wells OW6 and OW7 were not locked. These wells are unused and have been replaced by wells OW6R1 and OW7R1. Abandonment of the two wells is recommended.

### **5.2 Landfill Gas and Water Level Monitoring**

Results from groundwater monitoring are presented in Table 3 (Appendix B) and groundwater contours for the Site are presented in Figures 4 and 5 (Appendix A).

Methane concentrations were not detected during monitoring, with the following exceptions:

- OW19 was reported at >100% of the lower explosive limit (LEL) during summer event, and at 23% during the fall monitoring event
- BW1, OW1, OW7R1, OW15d, OW15s, and L11 were reported at <1% during the fall monitoring event
- L2, OW19, and OW25 was reported at <1% during the spring monitoring event

OW19 is located downgradient of the active fill area, adjacent to the recycling area.

### 5.3 Overburden Groundwater Evaluation

Groundwater chemistry results are presented in Tables 4 and 5 (Appendix B). The groundwater chemistry at the Site is characterized by 16 overburden wells. Monitoring well OW21 was used to assess background quality as it is located in an agricultural field cross-gradient to the waste mound and, in our opinion, downgradient from the quarry. Another monitoring well, OW20, is also distal and up-gradient of the waste mound, however, based on the available information, it does not appear to be impacted from the quarry operations up-gradient from the Site. Monitoring well OW21 has been used as the preferred well to characterize the background overburden groundwater at the Site. The background overburden groundwater exhibited elevated concentrations of hardness and nitrate. These elevated parameters may be related to agricultural activities and blasting activities at the quarry.

OW19 has historically been used to characterize the leachate at the Site. Monitoring wells L10 and L11 are located within the former fill area and are considered leachate wells for the old landfill. Common leachate indicators DOC, conductivity, chloride and boron are used as leachate indicator parameters (LIPs) at the site. Evidence of leachate is present at OW15-S, however, decreased concentrations when compared to leachate suggest that attenuation is occurring downgradient from the waste mound.

Evidence of leachate was present in downgradient wells, OW6R1, OW7R1 and OW22. There appears to be a concentration decrease between OW19 and OW22, suggesting attenuation is occurring. Results from OW6R1 and OW7R1 also showed elevated LIPs. Given that up-gradient well OW7R1 shows significantly decreased concentrations of chloride and conductivity, it is possibly that OW6R1 is impacted by road salting operations. A decrease in LIPs DOC and boron downgradient of the site at OW6R1 and OW7R1, suggests that attenuation is occurring in the marsh area downgradient from the Site.

Wells to the north of the unnamed stream, OW17 and OW18, showed slightly elevated DOC, conductivity and chloride when compared to the background. However, concentrations for DOC and conductivity are greater at OW18 than at OW17: OW18 is downgradient from OW17, in relation to the Site. This suggests leachate is not migrating beyond the stream, and that farming activities may be impacting the groundwater quality north of the stream. Impacts were not observed at OW24, located north of the stream and west of the Site, suggesting that discharge to surface may be occurring. This supports the conceptual groundwater model theory that the groundwater is discharging to the stream.

Using available historical data, trend graphs were created to observe general character and variability of the overburden groundwater (Appendix K). Graphs of the LIPs show that attenuation is occurring between leachate well OW19 and downgradient well OW15-S. Trend graphs also show that LIP concentrations at monitoring wells OW18 and OW24 are comparable to background, suggesting there is no evidence of leachate impact north of the stream towards the 151 Fortune Line Rd residence and the 122 Turk Rock Rd residence at this time. This is consistent with the conceptual site model which suggests groundwater is discharging to the stream.

Monitoring wells directly downgradient the former landfill area, L2 and OW1, showed concentrations of leachate parameters closer to background conditions, with the exception of chloride and conductivity. Since concentrations of both chloride and conductivity are considerably more elevated in OW1 than in L2, it is possible that road salting is impacting these parameters at this location (Figure 2, Appendix A). Trend graphs of LIPs in the former landfill area suggest that this area is relatively stable. Concentrations of DOC, boron and chloride at L11 and L2 are comparable to background, suggesting that attenuation has occurred. Reduced monitoring in this area may be considered.

Leachate wells L11 and L10 show considerable difference in analyses. Considering L11 and L10 are located about 2 m apart, it is possible that these wells are drilled in different media. This is supported by the measured depth to bottom (DTB) of 20.63 mbg for L10 and 9.84 mbg for L11. Field staff replaced the dedicated waterra tubing in November 2018 and noted that past DTB measurements may have been influenced by several kinks in the tubing. Our understanding of the geology of the area is that depth to bedrock is no more than 11 mbg across the Site. As a result, well L10 at approximately 20.63 mbg, would be anticipated to be in the bedrock and would be thus classified as a bedrock well. As no water well records were available for L10 or L11, the screen depth cannot be confirmed at this time. Consideration for further evaluation of the completion details of L10 and L11 should be assessed.

Results from 2018 indicate that leachate is migrating to the north and to a lesser extent to the west from the Site within the overburden and likely discharging to surface water features.

The following exceedances of the ODWS were reported in 2018. With the exception of nitrate, the ODWS criteria represents aesthetic objectives or operational guidelines and are not indicative of a threat to human health. Nitrate exceedances were observed at background well OW21 and at OW18, located up-gradient from the Site, according to the site conceptual model. Exceedances were not observed at leachate wells, suggesting that

the nitrate is not leachate-related. Elevated nitrate may be related to quarry activities, as nitrates are commonly used in the blasting process.

<u>Parameter</u>	<u>Spring</u>	<u>Fall</u>
Alkalinity	L10, L11, OW15-S, OW19, OW22	OW19
Chloride	OW1	none
DOC	L10, OW7R1, OW15-S, OW19	L10, OW7R1, OW15-S, OW19
Hardness	All wells sampled	All wells sampled
Iron	L10, OW7R1, OW15-S, OW19	L10, OW7R1, OW15-S, OW19, OW24
Manganese	L10, OW7R1, OW17, OW19, OW24	L10, OW7R1, OW19
Nitrate	OW18, OW21	OW21
TDS	L10, L11, OW1, OW6R1, OW15-S, OW19, OW22	OW1, OW6R1, OW7R1, OW15-S, OW19

Results from the VOC analyses met the ODWS criteria (Table 5, Appendix B). The May sampling event identified that wells L10, OW15S, and OW22 detected one or more of the following parameters: 1,4-dichlorobenzene, 1,1-dichloroethane, cis-1,2-dichloroethylene, and ethylbenzene. In the fall, wells OW19, OW15S, and L10 detected one or more of the following parameters: toluene, isopropylbenzene, ethylbenzene, cis-1,2-dichloroethylene, 1,1-dichloroethane. Elevated method detection limits are notable during the fall sampling event.

#### **5.4 Bedrock Groundwater Evaluation**

Bedrock groundwater quality at the Site is characterized by wells BW1, OW15D, BW2-S and BW2-D. Monitoring well OW115D was previously included as an overburden well, however, closer examination of the water well records show that it is likely (as noted in section 5.3 above) screened in bedrock (Appendix D). It is notable that the wells are completed in more than one geologic unit: BW1 is screened in metasedimentary at a depth of 24 meters, and OW15D, BW2-S/D are screened in red granitic gneiss at depths of 12, 12 and 24 meters respectively. The conceptual site model suggests that the vertical groundwater gradient is upwards, and that groundwater may be discharging to the unnamed tributary of Morton Creek.

BW2-S/D is located up-gradient of the Site and represents background bedrock conditions. BW2-S exhibits elevated levels of hardness, TDS, and nitrate, which may be caused by nearby agricultural, quarry activities, and/or the natural character of the bedrock. Downgradient well OW15D exhibited artesian conditions and demonstrated an upwards vertical hydraulic gradient, therefore, water quality of deeper groundwater beyond this

location is not anticipated to be impacted by landfill activities. Well OW15D had elevated concentrations of DOC, conductivity, and boron, when compared to background. Chloride concentrations were comparable to background.

The VOC analyses were reported below the method detection limit for each of the bedrock samples analyzed in 2018, with the exception of 1,1-dichloroethane and cis-1,2-dichloroethylene at OW15D and should be revisited in 2019.

The following exceedances of the ODWS were reported in 2018. With the exception of nitrate which may be related to quarry activities up-gradient from the Site, these exceedances represent aesthetic objectives or operational guidelines, and are not indicative of a threat to human health.

<u>Parameter</u>	<u>Summer</u>	<u>Fall</u>
DOC	BW1, OW15D	none
Hardness	BW1, BW2-S/D, OW15D	BW1, BW2-S/D, OW15D
Iron	BW1, OW15D	BW1, OW15D
Manganese	BW1, OW15D	BW1, OW15D
Nitrate	BW2-S	BW2-S
TDS	BW2-S, OW15D	BW1, BW2-S

### 5.5 Reasonable Use Policy

The amended ECA (August 20, 2015) states that the Site is to follow the Ministry Guideline B-7 “Incorporation of the Reasonable Use Concept into MOEE Groundwater Management Activities” to assess groundwater quality. Reasonable Use Limits (RULs) are calculated for the analyzed parameters using background groundwater concentrations from monitoring well OW21 and corresponding drinking water standards (refer to Table 6, Appendix B). Off site and down-gradient wells OW6R1, OW7R1, OW15S, OW17, OW18, and OW1 were identified as compliance wells for overburden groundwater and their chemistry compared to RULs. Bedrock RULs were calculated using BW2S and applied to compliance well OW15D.

Exceedances of the following overburden RULs were observed in 2018: alkalinity, DOC, hardness, TDS, chloride, aluminum, barium, iron, manganese, and sodium. These exceedances were observed at one or more of the following overburden wells: OW1, OW6R1, OW7R1, OW15S, OW17, and OW18. The following RULs were exceeded in the bedrock compliance well: alkalinity, DOC, hardness, total phosphorous, barium, iron, and manganese.

Exceedances of RULs for DOC and chloride may be leachate related. LIP exceedances were observed at OW15S, OW7R1, OW17, and OW18. Bedrock compliance well OW15D

exceeded RULs for DOC. However, other LIPs met the RUL criteria. This suggests that a non-leachate source may be influencing water quality. In our opinion the Site conforms to MECP Guideline B-7, based on the inclusion of proposed CAZ lands to the north and west of the Site (Figure 2, Appendix A). Based on the 2018 analyses, the proposed CAZ areas appear adequate. Exceedances of RULs for TDS, hardness, sodium, aluminum, and barium are likely due to outside factors such as background, agricultural activities, and/or quarrying and are not expected to be leachate related.

The estimation of RUL will be greatly improved in future years, when a more thorough dataset is developed.

## **5.6 Surface Water Evaluation**

Surface water chemistry has been compared to the Provincial Water Quality Objectives (PWQO) and the Table A and B criteria as described in the *MOECC* 2010 guidance document for Monitoring and Reporting for Waste Disposal Sites. The Table A, Aquatic Protection Values (APVs), of the *MOECC* landfill guidance document (2010) reportedly represent the lowest chronic concentration for which adverse effects have been noted in the literature. The Table B, Alternative Review Criteria, are based on selected 2007 Canadian Water Quality Guidelines (CWQGs) and have a similar intent to Table A criteria. The CWQGs have been developed for the protection of marine and freshwater species. Differences between the Table A and Table B criteria for certain parameters (i.e. zinc, chloride) may be due to differences in literature cited that relate to the scope of protection (freshwater species only versus freshwater and marine species). The PWQO, Table A and Table B values may also vary as a result of the age of the criteria. The Table A (2010) and Table B (2007) values are often based on scientific literature that is more recent than the PWQO (1994).

For PWQO parameters which do not have a Table A or Table B criteria, the objective is a numerical value representing a chronic concentration which, if exceeded, would pose a potential threat to the survival of some forms of aquatic organisms. Total phosphorus is an exception as the maximum concentration has been defined with the intent of preventing nuisance aquatic plant growth.

The surface water analyses at the Site is characterized by three sampling stations: SW1, SW4 and SW5. SW1 is located upstream of the Site, adjacent to Turk Rock Road and was used to characterize the surface water background conditions for the Site. SW4 and SW5 are located downstream of the Site, approximately 200m and 250m west of the Site, respectively.

The following parameters exceeded the PWQO reference criteria at one or more location: phenols, total phosphorous, copper, iron, and vanadium. These parameters were below the



APV, where applicable. Exceedances of the CWQG for cadmium and zinc were observed at SW5 and SW4, respectively; however, the background surface water station SW1 also exceeded the CWQG for both cadmium and zinc.

Results of the surface water analyses are presented in Table 7 (Appendix B). Background station SW1 exhibited elevated levels of phenols, cadmium, copper, and zinc. Using available historical data, trend graphs were created to observe general character and variability of surface water analyses from the stream (Appendix K). Graphs of the LIPs show that the stream is relatively stable, and that surface water quality at downstream station SW5 is comparable to background. Results suggest that leachate has little to no impact on the surface water at or beyond SW5.

## **6.0 Conclusions & Recommendations**

The Briar Hill WDS is an active site currently accepting non-hazardous solid waste. The landfill has an estimated life span of 33 years.

Water level monitoring results indicate a general north-westerly groundwater flow direction in the overburden. Groundwater analysis results indicate that leachate is migrating to the northwest from the Site. Leachate does not appear to be migrating beyond the unnamed stream north of the site, and attenuation appears to be occurring. Previous reports have identified OW15D and L10 as overburden wells, however, analytical and field monitoring from 2018 suggest that both may be bedrock wells. Further investigation is recommended.

The Site is subject to Ministry Guideline B-7. The RUL indicate that the wells south of the unnamed stream are exceeded, suggesting potential impact to the stream. The unnamed stream north of the Site appears to be slightly impacted, however, results suggest that they are impacted by non-leachate related activities.

The following recommendations are offered:

1. Monitoring should continue twice per year in conformance with the ECA.
2. Consider reducing monitoring in former landfill area (wells: L10, L11, L2 and OW1).
3. Further evaluate L10 and OW15D to determine if they are bedrock wells.
4. Evaluate changes to VOC monitoring program.
5. Complete additional repairs the casing of monitoring well OW24.
6. Abandon unused monitoring wells OW6, OW7, and L8 in accordance with O. Reg. 903.
7. Develop a trigger mechanism when a sufficient dataset is available (ongoing).
8. Following establishment of a trigger mechanism, the monitoring program should be re-evaluated.

## 7.0 References

2015-2016 Annual Monitoring, Development and Operations Report, Malroz Engineering, June 2017  
Andrew Day. Annual Groundwater and Surface Water Monitoring Report for Briar Hill WDS (ECA No. 442103), Township of Leeds and the Thousand Islands, 2012-2013-2014.

Hewitt, D.F. (1964) *Geological notes for maps Nos. 2053 and 2054 Madoc-Gananoque Area*, Ministry of Natural Resources, GC 12, 33p (reprinted 1974). Accompanied by Maps 2053 and 2054, scale 1:126,720.

Ontario Drinking Water Standards (ODWS) from Ontario Regulation 169/03 of the Safe Drinking Water Act (2002). Last amendment: O. Reg. 373/15.

Ontario Geological Survey (2011), *Bedrock geology of Ontario*, Ontario Geological Survey, Miscellaneous Release–Data 126 - Revision 1, map scale 1:250,000.

Provincial Water Quality Objectives (PWQO) from the Ministry of Environment and Energy's Water Management Policies & Guidelines, July 1994.

Technical Guidance Document: Monitoring and Reporting for Waste Disposal Sites Groundwater and Surface Water. Ministry of the Environment, November 2010.

Appendix A  
Figures



**Legend**

— approximate property boundary

**Site Location Plan**

2018 Annual Monitoring, Development and Operations Report  
 Briar Hill Waste Disposal Site  
 Township of Leeds and the Thousand Islands

Note: figure based on Malroz field observations and Google Earth imagery

File: 1036-106.00

Figure

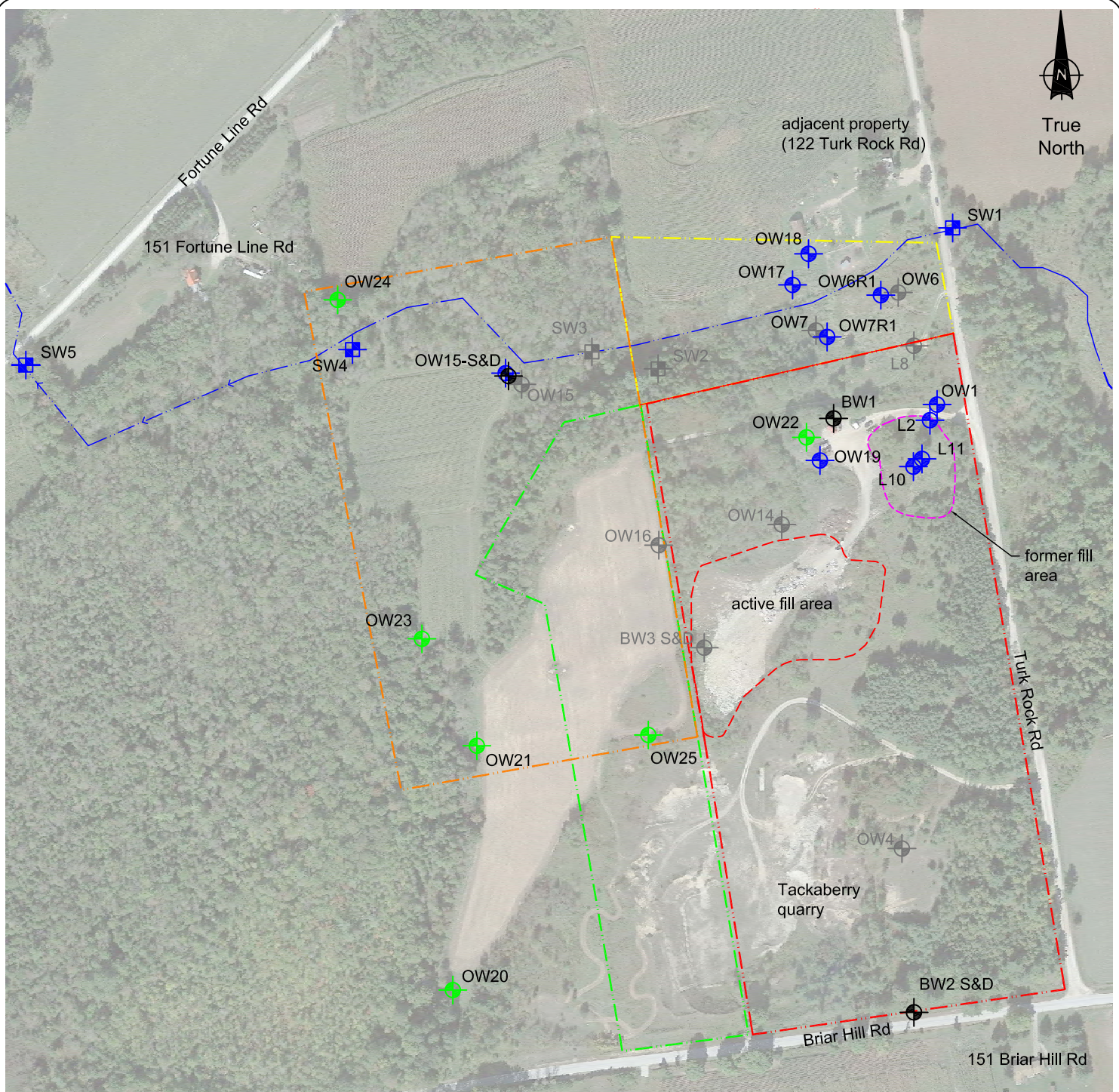
1



Approx. Scale (m)



Rev	Date	Description	By	Chkd
R0	2019/01/18	issued in final	ZL	RV



**Legend**

	bedrock monitoring well location		northern CAZ
	overburden monitoring well location		proposed western CAZ
	new overburden monitoring well location (2015)		extent of Part 2 described in By-Law 07-71 leased from Tackaberry
	abandoned monitoring well location		
	unused monitoring well location		
	surface water monitoring location		
	unused surface water monitoring location		
	approximate landfill waste area		
	approximate old landfill waste area		
	existing property boundary		
	drainage creek		



**Site Plan**

2018 Annual Monitoring, Development and Operations Report  
 Briar Hill Waste Disposal Site  
 Township of Leeds and the Thousand Islands

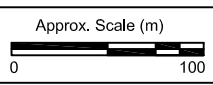
Note: figure based on TITL field observations and Google Earth imagery

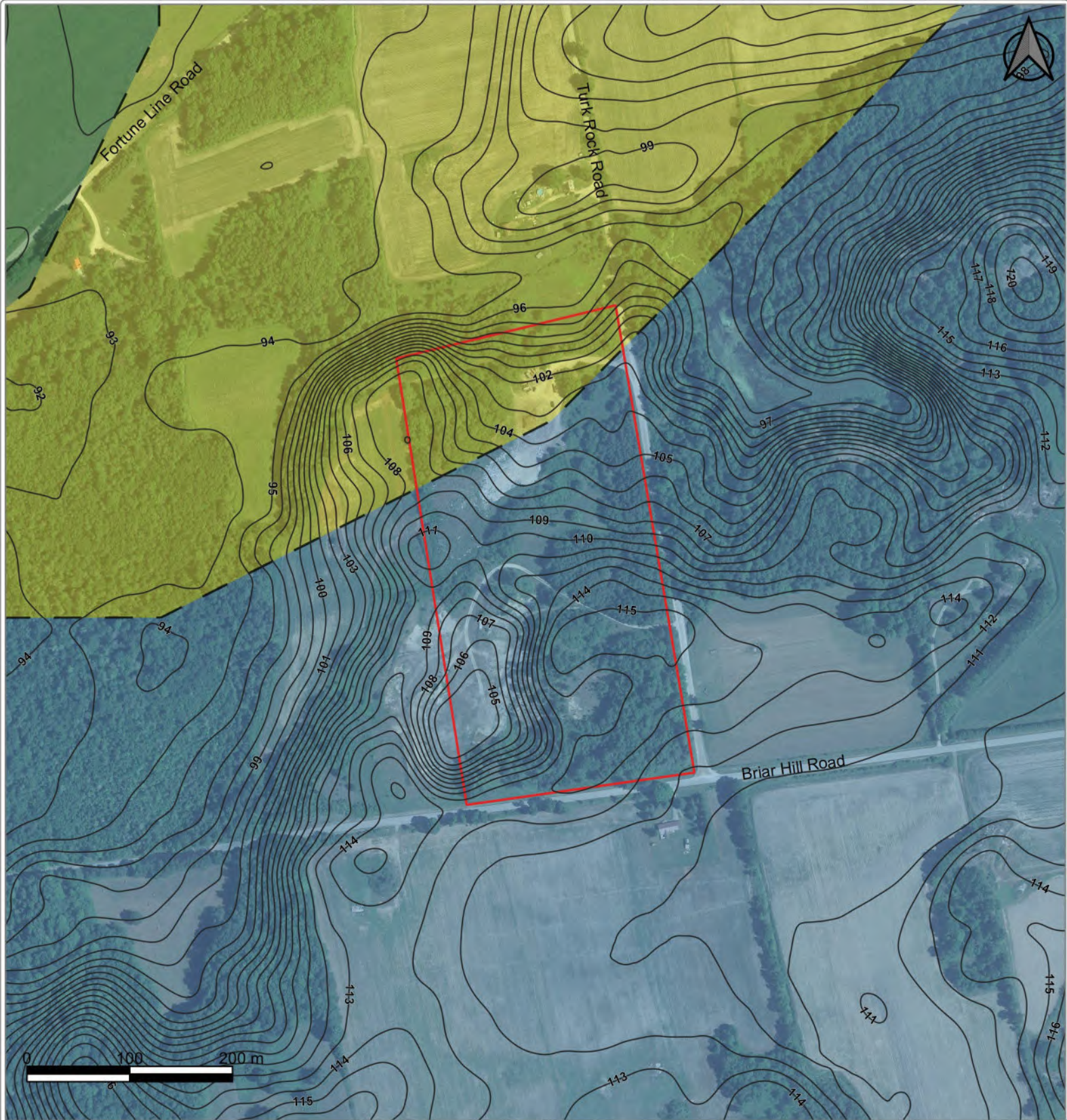
File: 1036-106.00

Figure  
**2**



Rev	Date	Description	By	Chkd
R0	2019/01/18	issued in final	ZL	RV





### Bedrock Geology

#### Lithology

- conglomerate, wacke, quartz arenite, arkose limestone, siltstone, chert, minor iron formation, minor metavolcanic rocks
- granitic gneisses with metasedimentary xenoliths, migmatites, injection gneisses, pegmatites
- marble, calc-silicate rocks, skarn, tectonic breccias
- approximate lithologic contact

- 105- topographic contours
- approximate property boundary

Data Sources: Bedrock Geology of Ontario, Ontario Geologic Survey, 2011; Digital Raster Project Eastern Ontario, Ministry of Natural Resources and Forestry, 2014; Google Earth Imagery; Malroz Field Observations.

R0	2019/03/18	issued in final	RV	CM
Rev	Date	Description	By	Chkd

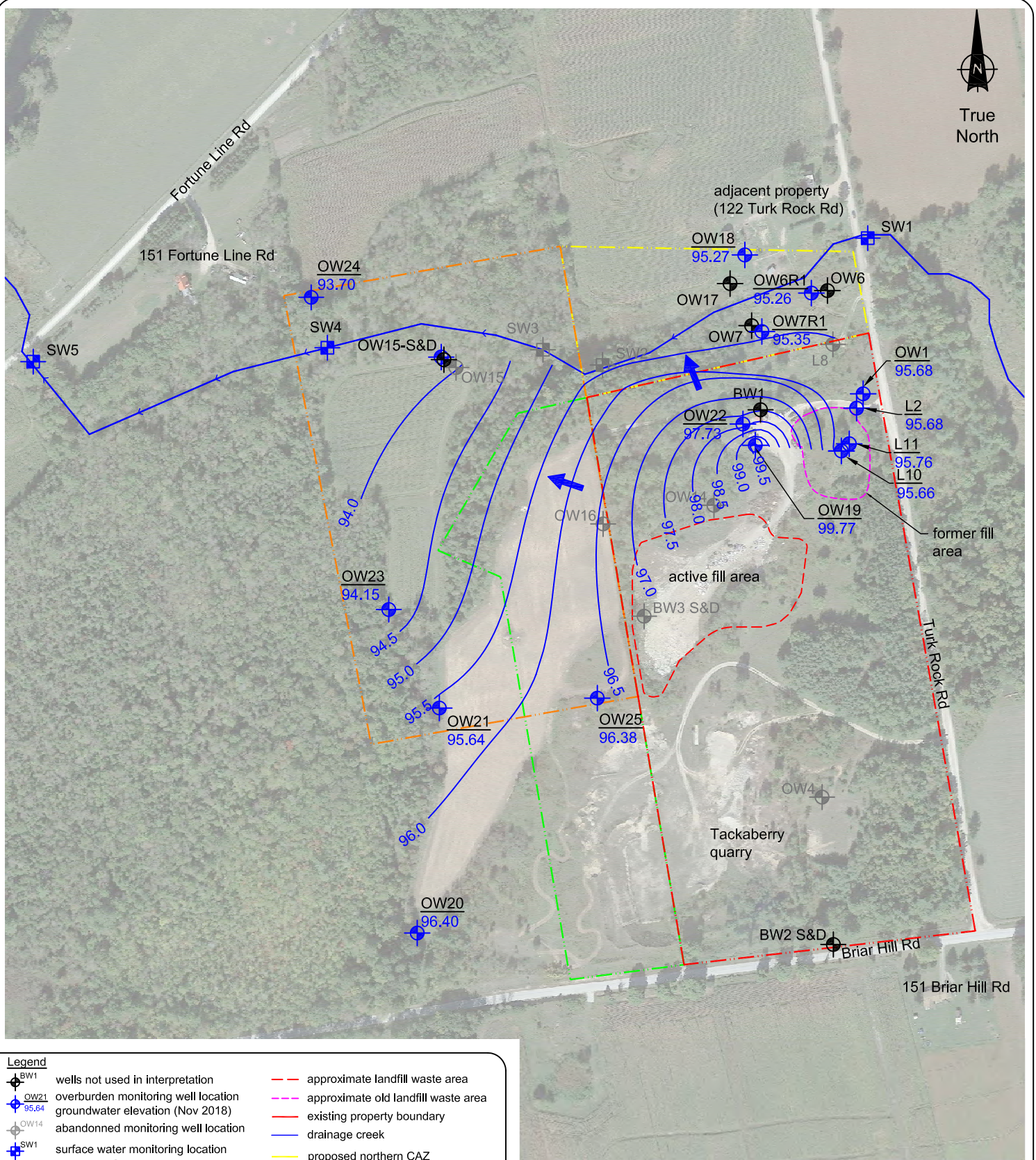
### Bedrock Geology

2018 Annual Monitoring, Development and Operations Report  
 Briar Hill Waste Disposal Site  
 Township of Leeds and the Thousand Islands

File: 1036-106.00

**Figure**  
**3**





Legend	
	wells not used in interpretation
	overburden monitoring well location groundwater elevation (Nov 2018)
	abandoned monitoring well location
	surface water monitoring location
	unused surface water monitoring location
	96.0 inferred shallow groundwater contours
	inferred direction of shallow groundwater flow
	approximate landfill waste area
	approximate old landfill waste area
	existing property boundary
	drainage creek
	proposed northern CAZ
	proposed western CAZ
	extent of Part 2 described in By-Law 07-71 leased from Tackaberry

### Overburden Groundwater Contours (November 2018)

2018 Annual Monitoring, Development and Operations Report  
Briar Hill Waste Disposal Site  
Township of Leeds and the Thousand Islands

Note: figure based on TITL field observations and Google Earth imagery

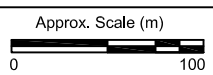
File: 1036-106.00

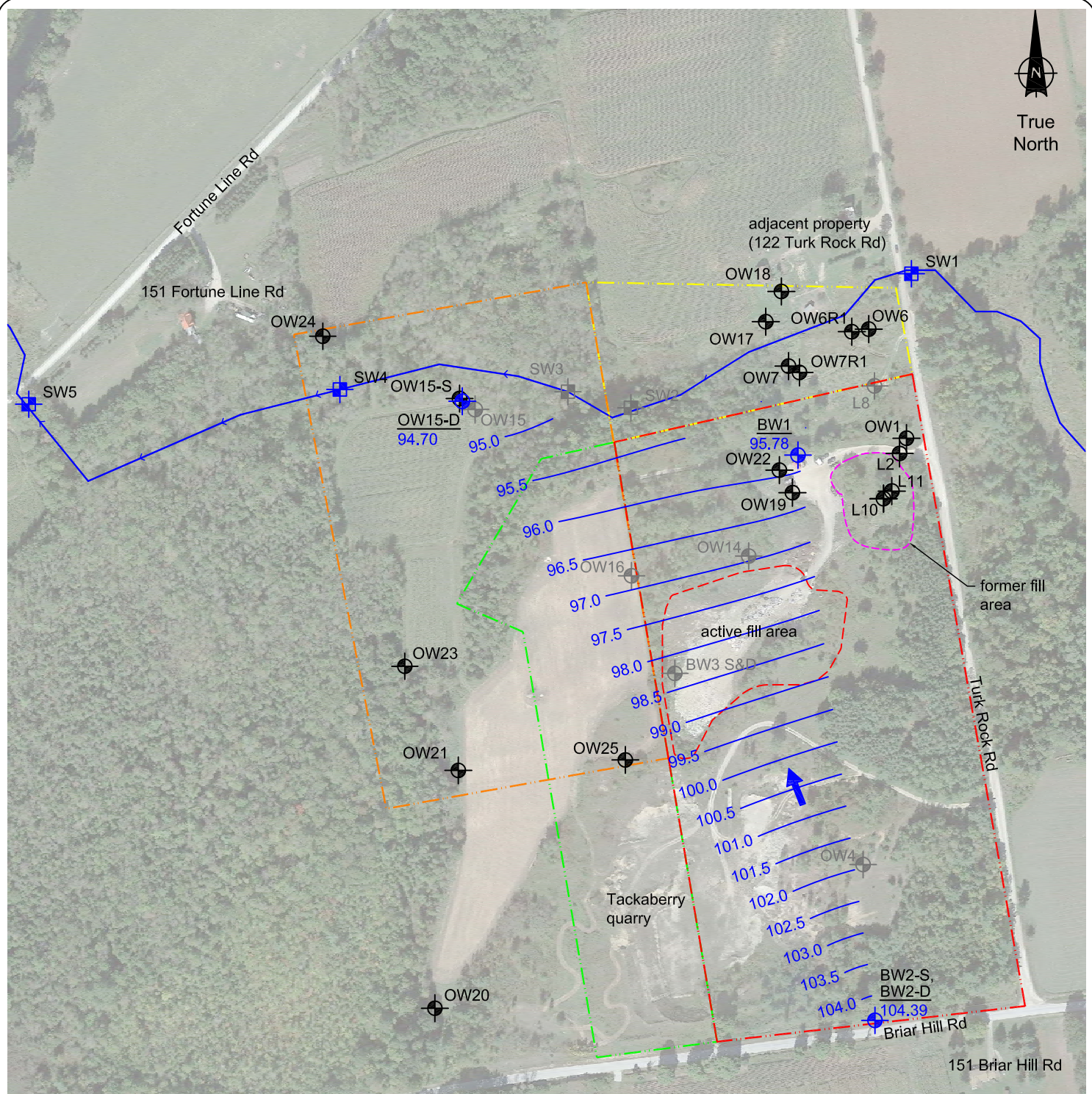
Figure

4



Rev	Date	Description	By	Chkd
0	2019/03/22	issued in final	ZL	CMM





Legend	
	wells not used in interpretation
	overburden monitoring well location groundwater elevation (Nov 2018)
	abandoned monitoring well location
	surface water monitoring location
	unused surface water monitoring location
	inferred shallow groundwater contours
	inferred direction of shallow groundwater flow
	approximate landfill waste area
	approximate old landfill waste area
	existing property boundary
	drainage creek
	proposed northern CAZ
	proposed western CAZ
	extent of Part 2 described in By-Law 07-71 leased from Tackaberry

### Bedrock Groundwater Contours (November 2018)

2018 Annual Monitoring, Development and Operations Report  
Briar Hill Waste Disposal Site  
Township of Leeds and the Thousand Islands

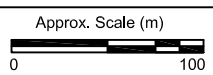
Note: figure based on TITL field observations and Google Earth imagery

File: 1036-106.00

Figure  
**5**



Rev	Date	Description	By	Chkd
0	2019/03/20	issued in final	ZL	CMM





Appendix B  
Tables

**Table 1**  
**Surface Water Survey**

Northing (m)	Easting (m)	Station ID	Invert Elevation (m)	Depth of Stream (m)
<b>24-Apr-18</b>				
040733	4933270	SW 1	94.76	0.5
-	-	TD-1(1)	94.91	-
406998	4933252	CL-1(1)	94.34	0.30
-	-	TD-2(1)	94.79	-
-	-	TD-1(2)	94.50	-
406942	4933225	CL-1(2)	94.10	0.20
-	-	TD-2(2)	94.71	-
406634	4933207	SW4	93.16	0.20
-	-	TD-1(3)	93.46	-
406633	4933216	CL-1(3)	93.14	0.17
-	-	TD-2(3)	93.45	-
-	-	TD-1(4)	93.55	-
406668	4933232	CL-1(4)	93.27	0.20
-	-	TD-2(4)	93.49	-

Notes:

- TD# edge of stream(survey station #)
- SW surface water point
- CL# centerline of stream(survey station #)
- denotes not measured

all survey data provided to give elevations of stream profile

invert elevation at the surface water station location

Data Input: MC

Data Check: JMP

**Table 2**  
**Well Inspection Results**

Well ID	Well Type	Well Construction	Well Integrity			Well Observations
	Protective casing	Material	Locked	Capped	Condition <sup>1</sup>	Remarks
OW1	White 2" PVC pipe	2" Schedule 40 PVC	Y	J-Plug	good	-
OW6	White 1-1/4" PVC pipe	1-1/4" Schedule 40 PVC	N	Slip cap	good	-
OW6R1	Steel Monument	2" Schedule 40 PVC	Y	J-Plug	good	-
OW7	White 1-1/4" PVC pipe	1-1/4" Schedule 40 PVC	N	Slip cap	good	-
OW7R1	Steel Monument	2" Schedule 40 PVC	Y	J-Plug	good	-
OW15-S	Steel Monument	2" Schedule 40 PVC	Y	J-Plug	good	-
OW15-D	Steel Monument	2" Schedule 40 PVC	Y	J-Plug	good	-
OW17	Steel Monument	2" Schedule 40 PVC	Y	J-Plug	good	-
OW18	Steel Monument	2" Schedule 40 PVC	Y	J-Plug	good	-
OW19	White 2" PVC pipe	2" Schedule 40 PVC	Y	J-Plug	good	-
OW20	Steel Monument	2" Schedule 40 PVC	Y	J-Plug	good	-
OW21	Steel Monument	2" Schedule 40 PVC	Y	J-Plug	good	-
OW22	Steel Monument	2" Schedule 40 PVC	Y	J-Plug	good	-
OW23	Steel Monument	2" Schedule 40 PVC	Y	J-Plug	good	-
OW24	Steel Monument	2" Schedule 40 PVC	Y	J-Plug	fair <sup>2</sup>	installed monument casing April 2018
OW25	Steel Monument	2" Schedule 40 PVC	Y	J-Plug	good	-
BW1	Steel Monument	2" Schedule 40 PVC	Y	Slip cap	good	-
BW2-S	Flush mount	2" Schedule 40 PVC	N	J-Plug	good	-
BW2-D		1" Schedule 40 PVC	N	J-Plug	good	-
L2	Black 2" PVC pipe	2" Schedule 40 PVC	Y	J-Plug	good	-
L10	Black 2" PVC pipe	2" Schedule 40 PVC	Y	J-Plug	good	-
L11	Black 2" PVC pipe	2" Schedule 40 PVC	Y	J-Plug	good	-

Notes: Well inspection completed on November 13, 2018

<sup>1</sup> Well conditions ranked as:

- good (no maintenance required),
- fair (minor maintenance required),
- poor (requires maintenance or abandonment)

<sup>2</sup> Well was found slightly toppled in November 2018, but has been temporarily repaired

Data Input: RF

Data checked: MW

**Table 3**  
**Groundwater Monitoring Results**

Location	DTW (mbTOP)	TOP Elevation (masl)	Grade Elevation (masl)	Groundwater elevation (masl)	Methane Concentration (%LEL)	Observations		
						Colour	Sediment	Odour
<b>April 24 &amp; 25, 2018</b>								
BW1	6.73	102.83	101.87	96.10	<1	clear	none	none
BW2-D	8.44	114.13*	-	105.69	nr	clear	none	none
BW2-S	6.91	114.13*	-	107.22	nr	cloudy-grey	trace	none
L2	7.23	103.24	102.23	96.01	nr	brown	some	none
OW1	6.76	102.79	101.85	96.03	<1	rust orange	some	none
OW6R1	0.70	96.17	95.59	95.47	nr	cloudy-brown	some	none
OW7R1	1.14	96.78	96.05	95.64	<1	red-brown	none	none
OW15-D	artesian	94.70	94.04	94.70	<1	grey, cloudy	abundant	none
OW15-S	0.58	94.70	94.04	94.12	<1	cloudy	abundant	none
OW19	3.40	103.40	102.30	100.00	>100	black	some	strong sulphur
OW18	1.60	97.17	96.18	95.57	nr	cloudy-brown	abundant	none
OW17	0.88	95.96	94.87	95.08	nr	grey, brown, cloudy	abundant	slight sulphur
OW20	3.15	100.82	99.96	97.67	nr	cloudy, grey	abundant	none
OW21	0.90	97.20	96.48	96.30	nr	brown	some	none
OW22	5.20	102.99	102.18	97.79	nr	-	-	-
OW23	0.71	95.05	94.04	94.34	nr	grey, cloudy	some	none
OW24	0.21	94.56	93.68	94.35	nr	grey, cloudy	abundant	none
OW25	9.49	107.00	106.30	97.51	nr	brown	trace	none
L10	8.20	104.20	103.41	96.00	nr	cloudy	some	sulphur
L11	8.43	104.50	103.38	96.07	<1	cloudy	some	sulphur
<b>November 12-13, 2018</b>								
BW1	7.05	102.83	101.87	95.78	nr	clear	none	sulfur
BW2-D	9.74	114.13*	-	104.39	nr	clear	none	none
BW2-S	7.41	114.13*	-	106.72	nr	grey	some	earthy
L2	7.56	103.24	102.23	95.68	<1	yellow-brown	some	none
OW1	7.11	102.79	101.85	95.68	nr	yellow-brown	trace	none
OW6R1	0.91	96.17	95.59	95.26	nr	brown	some	none
OW7R1	1.43	96.78	96.05	95.35	nr	brown	trace	none
OW15-D	0.29	94.70	94.04	94.70	nr	grey	some	none
OW15-S	0.68	94.70	94.04	94.02	nr	grey	lots	none
OW19	3.63	103.40	102.30	99.77	23	clear	trace	bitter
OW18	1.90	97.17	96.18	95.27	<1	grey	abundant	none
OW17						dry		
OW20	4.42	100.82	99.96	96.40	nr	grey	abundant	none
OW21	1.56	97.20	96.48	95.64	<1	brown-grey	some	none
OW22	5.26	102.99	102.18	97.73		dry		
OW23	0.90	95.05	94.04	94.15	nr	grey-brown	lots	none
OW24	0.86	94.56	93.68	93.70	nr	grey	some	none
OW25	10.62	107.00	106.30	96.38	<1	rust orange	trace	none
L10	8.54	104.20	103.41	95.66	nr	clear	trace	strong sulfur
L11	8.74	104.50	103.38	95.76	nr	translucent grey	some	none

**Notes:**

- LEL lower explosive limit
- nr indicates no response
- DTW depth to water
- denotes not measured
- masl meters above mean sea level
- mbTOP meters below top of piezometer
- \* elevation based on survey data provided by the Township of Leeds and the Thousand Islands

Data Input: MC/CM  
 Data Check: JMP/AP

**Table 4a**  
**Groundwater Analysis Results**

		April Sampling																								ODWS	MOE Typical Leachate Characteristics	Overburden RULs <sup>2</sup>	Bedrock RULs <sup>3</sup>			
		Overburden Wells														Bedrock Wells																
Well ID	Sample ID	L2	L10	L11	OW1	OW6R1	OW6R1 (LF)	OW7R1	OW15-S	OW15-S (LF)	OW17	OW18	OW19	OW20	OW20 (LF)	OW21	OW22	OW23	OW24	OW24 (LF)	OW25	BW1	BW2-S	BW2-D	OW15-D					OW15-D (LF)		
Parameter	Units	18-Apr-24	18-Apr-24	18-Apr-24	18-Apr-24	18-Apr-25	18-Apr-25	18-Apr-25	18-Apr-24	18-Apr-24	18-Apr-25	18-Apr-25	18-Apr-24	18-Apr-25	18-Apr-25	18-Apr-24	18-Apr-25	18-Apr-24	18-Apr-24	18-Apr-24	18-Apr-24	18-Apr-24	18-Apr-25	18-Apr-25	18-Apr-25	18-Apr-24	18-Apr-24					
Alkalinity as CaCO3	mg/L	5	337	742	531	382	387	384	282	550	568	297	320	689	226	223	215	507	211	260	264	234	374	261	195	484	493	30-500 <sup>OG</sup>	300 - 2000	366	383	
Ammonia-N	mg/L	0.01	0.07	11.7	0.02	0.12	0.04	0.02	0.88	0.29	0.05	0.04	0.05	4.29	0.09	0.02	0.19	1.80	0.21	0.12	0.10	0.11	0.89	0.08	0.01	0.98	0.86	5 - 100				
Biochemical Oxygen Demand	mg/L	2	<	<	<	<	<	<	<	4	<	3	<	7	6	3	<	-	3	2	<	<	<	<	2	<	<	50 - 4000				
Chemical Oxygen Demand	mg/L	5	12	67	14	7	11	<	<	5	19	9	<	27	92	24	<	72	25	24	<	14	33	<	28	11	150 - 6000					
Dissolved Organic Carbon	mg/L	0.2	2.4	13.7	3.4	0.8	2.6	2.8	<	5.3	5.9	5.8	4.4	4.8	20.6	3.1	2.3	2.0	-	2.1	4.4	3.5	1.9	7.9	3.5	1.7	<	6.1	4 - 500	3.2	4.5	
Conductivity	µmho/cm	1	860	1760	1010	1910	1180	1190	772	1280	1280	695	813	1700	465	463	519	1430	462	570	579	438	908	1050	527	1130	1140	80-100 <sup>OG</sup>	400 - 2000	179	199	
Hardness as CaCO3	mg/L	1	393	742	570	667	455	453	302	656	652	370	404	680	249	253	273	575	245	287	259	242	412	280	258	541	556	6.5-8.5 <sup>OG</sup>	6 - 7			
pH	pH Units		7.79	7.54	7.54	7.91	7.87	7.89	8.00	7.86	7.85	8.15	8.05	7.75	8.30	8.25	8.15	7.85	8.19	8.12	8.07	8.09	7.86	8.18	8.19	7.74	7.67	6.5-8.5 <sup>OG</sup>	6 - 7			
Phenols	mg/L	0.001	<	<	<	<	<	<	<	<	<	<	<	0.002	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
Total Phosphorus	mg/L	0.01	0.83	0.16	0.07	0.19	2.25	0.06	0.24	11.4	1.08	0.64	6.10	0.41	10.3	0.09	2.11	0.24	5.10	1.04	<	0.06	0.43	0.03	0.91	0.02	4.80	0.01	500 <sup>AO</sup>	398	583	
Total Dissolved Solids	mg/L	1	455	964	535	1047	625	630	409	678	678	368	431	932	246	245	275	778	244	302	306	222	481	556	279	599	604	500 <sup>AO</sup>				
Total Suspended Solids	mg/L	3	3220	115	140	155	5350	5	250	116000	1090	3950	33800	115	233000	25	2630	-	16000	2040	12	1770	20	860	4	35000	9	250 <sup>AO</sup>	1 - 100	129	163	
Total Kjeldahl Nitrogen-N	mg/L	0.1	0.5	13.7	0.4	0.2	0.5	0.1	1.2	0.7	0.3	0.3	0.8	6.2	0.4	0.1	0.4	2.8	0.7	0.5	0.2	0.2	1.1	0.8	0.1	1.2	1.0	10.0	<1 - 0.5	6.99	7.62	
Chloride	mg/L	0.5	83.3	83.9	12.7	414	146	149	44.9	73.3	73.7	19.1	17.9	125	2.0	1.3	8.2	93.4	4.9	6.0	6.0	0.8	50.2	74.5	35.4	72.5	72.5	1.0	<1	0.27	0.30	
Nitrate-N	mg/L	0.05	0.34	<	2.83	2.25	0.96	0.93	0.09	<	<	0.05	13.6	<	0.06	<	10.1	1.72	0.06	0.05	<	0.59	<	12.9	0.34	<	<	<	<	<	<	
Nitrite-N	mg/L	0.05	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	0.06	<	<	<	<	<	<	<	<	<	<	<	<	
Sulphate	mg/L	1	5	57	15	19	19	19	46	43	42	44	36	79	19	19	17	114	36	35	36	4	46	109	17	47	47	500 <sup>AO</sup>	<1 - 300	261	340	
Mercury	mg/L	0.00002	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
Aluminium	µg/L	10	80	90	80	80	80	80	<	80	80	60	50	100	40	40	50	80	40	60	50	40	70	50	50	80	80	100 <sup>OG</sup>	<10 - 2000	59	179	
Arsenic	mg/L	0.0001	<	<0.0005	<0.0005	<0.0005	<	<	0.0002	0.0012	<0.0005	<	0.0002	0.0017	0.0017	0.0003	<	0.0006	0.0005	0.0013	0.0015	<	0.0002	0.0005	0.0001	0.0006	0.0009	0.01 <sup>A</sup>	0.01 - 0.04	0.0028	0.0030	
Barium	µg/L	1	308	115	581	817	775	770	222	414	345	285	205	338	174	154	291	167	122	164	159	446	136	24	143	457	464	1000	100 - 2000	449	276	
Boron	µg/L	5	16	1150	84	26	59	62	163	235	237	25	39	299	8	7	20	260	65	42	43	11	705	19	7	238	241	5000	500 - 10000	1273	1270	
Cadmium	µg/L	0.02	<0.015	<0.059	0.088	<0.059	<0.015	<0.015	0.034	<0.059	<0.059	0.022	<0.015	<0.059	<0.015	<0.015	0.054	<0.015	<0.015	<0.015	<0.015	<0.015	<0.015	0.079	<0.015	<0.059	<0.059	5	<10	1.28	1.32	
Calcium	µg/L	20	113000	190000	168000	176000	128000	126000	88300	142000	142000	88000	101000	177000	54600	55600	66400	161000	54100	71000	63500	61200	110000	71900	66100	139000	143000	100,000 - 1,000,000				
Chromium	µg/L	1	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	50	<10 - 500	13	14
Cobalt	µg/L	0.1	<	0.5	<	<	1.1	1.1	5.2	<	<	0.8	1.0	0.6	0.6	0.6	8.8	<	0.2	0.2	0.2	<	0.1	0.6	0.5	0.4	0.5	80 - 100				
Copper	µg/L	0.1	0.4	0.5	1.6	0.4	1.6	1.6	1.5	<0.3	0.4	0.2	3.2	0.7	0.3	0.6	0.2	2.8	0.1	<	0.4	0.7	0.2	2.5	<	<	<	<	<	<	<	
Iron	µg/L	5	16	7290	13	9	<	<	409	1740	2270	<	<	21000	12	9	<	107	208	248	<	920	7	<	<	1570	1610	300 <sup>AO</sup>	184	258		
Lead	mg/L	0.00002	<	<0.0002	<0.0002	<0.0002	<	<	<	<0.0002	<0.0002	0.00003	<	<0.0002	0.00005	0.00008	<	0.0006	0.00002	<	<	<	0.00003	0.00004	<	<	<	<	<	<	<	
Magnesium	µg/L	20	26900	65000	36400	55300	32800	33600	19800	73200	72200	36400	36900	57800	27400	27700	26000	42000	26700	26600	24400	21700	33300	24500	22600	47200	48200	50 <sup>AO</sup>	27	70		
Manganese	µg/L	1	<	64	42	<	9	7	382	42	42	64	5	1220	16	15	<	56	47	<	148	2	2	2	144	144	50 <sup>AO</sup>					
Potassium	µg/L	100	1200	36600	7300	3500	2800	2700	9900	3300	3200	1900	21600	56700	1700	1600	1200	25500	1700	1500	1600	1100	4400	3400	1500	9200	9400	20000 <sup>AO</sup>	12350	72335		
Silver	mg/L	0.0001	<	<0.0002	<0.0002	<0.0002	<0.0002	<0.0002	<0.0002	0.0002	<0.0002	<0.00002	<0.00002	<0.00002	<0.00002	<0.00002	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
Sodium	µg/L	200	29500	87000	10700	144000	81100	81700	46800	43900	43700	9200	7700	111000	5400	5400	4200	81300	6900	17000	29900	1600	39700	133000	8500	41500	41800	20000 <sup>AO</sup>				
Strontium	µg/L	1	178	739	319	239	278	280	255	867	833	291	222	991	134	134	130	497	441	538	482	75	2900	225	140	535	526	20	5.56	13.76		
Uranium	µg/L	0.05	0.17	0.42	0.86	0.78	0.53	0.49	0.41	<	<	0.74	2.59	0.60	1.18	1.33	0.82	1.65	0.45	1.21	2.07	0.32	1.32	12.5	0.82	2.42	2.50	50 <sup>AO</sup>				
Vanadium	µg/L	5	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
Zinc	mg/L	0.005	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
pH(field)	pH Units	-	7.21	6.86	<	6.49	7.05	7.26	7.03	7.07	7.04	6.93	7.50	7.42	6.89	7.85	7.62	7.42	-	7.65	7.69	7.43	7.39	7.40	7.57	7.71	7.09	6.79	6.5-8.5 <sup>OG</sup>	6 - 7</		

**Table 4b**  
**Groundwater Analysis Results**

Parameter	Units	Well ID Sample ID	November Sampling																		ODWS	MOE Typical Leachate Characteristics	Overburden RULs <sup>2</sup>	Bedrock RULs <sup>3</sup>						
			Overburden Wells												Bedrock Wells															
			L2	L10	L11	OW1	OW6R1	OW7R1	OW15-S	OW17	OW18	OW19	OW20	OW21	OW22	OW23	OW24	OW25	BW1	BW2-S					BW2-D	OW15-D				
			18-W038	18-W037	18-W036	18-W039	18-W044	18-W045	18-W032		18-W035	18-W047	18-W043	18-W040		18-W041	18-W030	18-W042	18-W046	18-W049					18-W048	18-W031				
18-Nov-13	18-Nov-13	18-Nov-13	18-Nov-13	18-Nov-14	18-Nov-14	18-Nov-13		18-Nov-14	18-Nov-14	18-Nov-14	18-Nov-14		18-Nov-14	18-Nov-13	18-Nov-14	18-Nov-14	18-Nov-14	18-Nov-14	18-Nov-13											
Alkalinity as CaCO3	mg/L	5	406	327	388	483	396	594	542					301	600	230	207			208	253	229	216	271	232	457	30-500 <sup>AO</sup>	300 - 2000	366	383
Ammonia-N	mg/L	0.01	0.03	7.06	0.03	0.03	0.03	2.33	0.08					0.12	3.59	0.09	0.02			0.13	0.3	0.02	0.62	0.03	0.02	1	5-100			
Biochemical Oxygen Demand	mg/L	3	6	6	6	4	4	4	8					3	9	5	4			7	9	3	4	4	<	4	50 - 4000			
Chemical Oxygen Demand	mg/L	5	20	60	<	41	57	19	168					93	125	105	<			87	210	<	5	17	<	11	150 - 6000			
Dissolved Organic Carbon	mg/L	0.2	3.4	11.4	3.7	3.1	2.7	9.9	5.2					4.8	18.4	2.3	2.3			3	3.7	1.9	4.1	3.6	1.8	3.6	5 <sup>AO</sup>	4 - 500	3.2	4.5
Conductivity	µmho/cm	1	859	798	789	1670	1170	1290	1280					701	1800	463	550			470	590	426	583	978	615	1150				
Hardness as CaCO3	mg/L	1	425	323	418	706	436	577	636					368	621	245	283			240	223	240	246	263	297	534	80-100 <sup>AO</sup>	400 - 2000	179	199
pH	pH Units	-	7.64	7.18	7.52	7.55	7.64	7.33	7.62					7.84	7.41	7.75	7.83			7.92	7.92	7.87	7.82	7.79	7.72	7.47	6.5-8.5 <sup>AO</sup>	6 - 7		
Phenols	mg/L	0.002	0.002	0.003	0.003	0.007	<	<	0.022					0.014	0.013	<	<			<	0.003	<	<	<	<	0.01				
Total Phosphorus	mg/L	0.01	0.38	1.62	0.09	0.31	1.44	0.08	13.8					7.88	0.47	4.55	0.51			4.33	5.10	0.22	0.01	0.29	0.01	2.76				
Total Dissolved Solids	mg/L	1	454	419	414	914	630	968	693					364	988	239	285			243	306	220	302	521	319	619	500 <sup>AO</sup>		398	583
Total Suspended Solids	mg/L	3	1420	75	600	760	10000	305	190000					27800	125	37000	1240			8000	6600	330	6	870	5	2850				
Total Kjeldahl Nitrogen-N	mg/L	0.1	0.5	8.8	0.5	0.4	0.4	2.7	1.0					0.6	5.9	0.3	0.2			0.7	10.8	0.1	0.8	0.5	0.1	1.3		1 - 100		
Chloride	mg/L	0.5	26.5	43.4	13.4	206	134	59.8	71.1					17.9	148	1.4	10.5			4.7	8.4	0.6	36.1	66	34.2	71.1	250 <sup>AO</sup>	20 - 2500	129	163
Nitrate-N	mg/L	0.05	0.47	0.16	0.69	9.82	0.7	<	<					<	<	<	12.8			<	0.13	0.45	<	10.3	5.87	0.06	10.0	<1 - 0.5	6.99	7.62
Nitrite-N	mg/L	0.05	<	<	<	<	<	<	<					<	<	<	<			<	<	<	<	<	<	<	1	<1	0.27	0.30
Sulphate	mg/L	1	7	8	10	54	21	52	42					49	147	20	16			36	42	4	34	104	19	44	500 <sup>AO</sup>	<1 - 300	261	340
Mercury	mg/L	0.00002	<	<	<	<	<	<	<					<	<	<	<			<	<	<	<	<	<	<	0.0010		0.00028	0.00029
Aluminum	µg/L	10	70	50	70	100	80	90	80					50	100	40	50			30	40	50	50	50	80	80	100 <sup>AO</sup>	<10 - 2000	59	179
Arsenic	mg/L	0.0001	0.0002	<	<	0.0001	<	0.0003	0.0027					0.0002	0.0013	0.0004	<			0.0007	0.0019	<	0.0001	0.0005	<	0.0008	0.010 <sup>AO</sup>	0.01 - 0.04	0.0028	0.0030
Barium	µg/L	1	542	88	374	815	800	545	468					225	390	192	311			132	137	464	77	23	144	447	1000	100 - 2000	449	276
Boron	µg/L	5	11	357	21	63	64	428	266					13	269	<	22			71	48	8	648	16	<	220	5000	500 - 10000	1273	1270
Cadmium	µg/L	0.015	<	<	0.036	<	<	0.063	<					<	<	<	<			<	<	<	<	0.051	<	<	5	<10	1.28	1.32
Calcium	µg/L	20	120000	81000	119000	192000	122000	166000	138000					84500	163000	53100	68800			53100	54200	60500	65700	67400	72100	136000	100,000 - 1,000,000			
Chromium	µg/L	1	5	<	<	<	<	<	<					<	1	<	<			<	<	<	<	<	<	<	50	<10 - 500	13	14
Cobalt	µg/L	0.1	0.3	0.2	1.2	0.3	0.3	12	0.3					0.5	0.8	0.2	<			<	0.2	0.1	0.1	0.1	0.1	0.5		80 - 100		
Copper	µg/L	0.1	0.4	0.2	0.9	1.1	1.2	2.1	0.6					0.8	1.7	<	0.5			0.2	0.5	0.2	0.2	1.5	0.2	0.3	1000 <sup>AO</sup>	<8 - 1000	500	501
Iron	µg/L	5	5	2220	9	<	<	1830	1700					6	14600	87	<			169	321	<	390	<	<	1820	300 <sup>AO</sup>		184	258
Lead	mg/L	0.00002	<	<	0.00004	<	<	<	0.00005					<	0.00012	<	<			<	<	<	<	<	<	0.00003	0.01		0.00003	0.0027
Magnesium	µg/L	20	30300	29300	29200	55000	31900	39300	70700					38200	51900	27300	27000			26200	21200	21500	19800	23000	28500	47200				
Manganese	µg/L	1	4	131	4	<	3	707	44					12	2020	15	<			14	37	<	79	<	6	145	50 <sup>AO</sup>		27	70
Potassium	µg/L	100	1400	13800	3400	3500	2800	19200	3800					2500	72300	1600	1400			1800	1900	1000	3200	3100	1300	9200				
Silver	mg/L	0.0001	<	<	<	<	<	<	<					<	<	<	<			<	<	<	<	<	<	<				
Sodium	µg/L	200	21900	31000	7400	81500	85300	63200	42600					8600	133000	4800	4100			6800	49200	1300	29800	118000	14500	39100	200000 <sup>AO</sup>		12350	72335
Strontium	µg/L	1	153	338	209	286	275	505	839					164	724	136	137			463	429	74	1810	207	161	517				
Uranium	µg/L	0.05	0.29	<	0.5	1.18	0.5	0.63	0.06					3.42	0.67	0.54	0.86			0.32	3.91	0.21	0.6	11.0	1.53	2.39	20		5.56	13.76
Vanadium	µg/L	5	<	<	<	<	<	<	<					<	<	<	<			<	<	<	<	<	<	<				
Zinc	mg/L	0.005	<	<	0.007	<	<	<	<					<	0.007	<	<			<	<	<	<	<	<	<	5 <sup>AO</sup>		2.5	2.5
pH(field)	pH Units	-	8.16	7.05	8.15	8.20	8.43	7.72	8.33					8.81	8.06	8.91	9.11			8.75	8.76	8.28	8.83	8.46	8.49	8.09	6.5-8.5 <sup>AO</sup>	6 - 7		
Temperature (field)	* Celsius	-	6.77	6.73	6.56	7.83	6.89	6.78	8.79					7.28	6.82	7.00	10.03			5.94	9.23	5.82	7.72	6.84	7.47	7.92	15 <sup>AO</sup>			
Dissolved Oxygen (field)	mg/L	-	8.45	0.31	1.32	3.10	1.30	0.00	0.00					5.12	1.52	1.13	3.64			2.37	4.05	3.75	1.08	3.05	3.79	1.56				
Conductivity (field)	mS/cm	-	0.914	0.859	0.857	1.72	1.26	1.37	1.32					0.745	1.94	0.488	0.619			0.509	0.622	0.461	0.667	1.07	0.683	1.19				
Unionized Ammonia (Calculated) <sup>1</sup>	mg/L	0.01	<	0.01	<	<	<	<	<					0.01	0.06	0.01	<			0.01	0.03	<	0.06	<	<	0.02				

\*- denotes not analyzed or insufficient water to measure parameters

"RL" denotes reporting limit

"<" denotes results below reporting limit

"OW###/L###" denotes overburden groundwater monitoring well

"BW###" denotes bedrock groundwater monitoring well

Groundwater samples analyzed for metals were field filtered using 0.45 micron filters

denotes concentration exceeds the Reasonable Use Limits

denotes exceedance of Ontario Drinking Water Standards (2018)

<sup>AO</sup> indicates aesthetic objective <sup>OG</sup> indicates operational objective

<sup>1</sup> effective January 1, 2018 standard for Arsenic is 0.010 mg/L, prior to January 1, 2018 standard is 0.025 mg/L

<sup>1</sup> Unionized Ammonia calculated using field parameters for pH and temperature

<sup>2</sup> Overburden RULs calculated using background concentrations from OW21

<sup>3</sup> Bedrock RULs calculated using background concentrations from BW2-S

Data Input: RP

Data Check: MW



**Table 5b**  
**Groundwater Analysis Results (VOCs)**

Parameter	Units	Well ID	November Sampling																	Ontario Drinking Water Standards		
			Overburden Wells														Bedrock Wells					
			L2	L10	L11	OW1	OW6R1	OW7R1	OW15-S	OW17	OW18	OW19	OW20	OW21	OW22	OW23	OW24	OW25	BW1		BW2-S	BW2-D
Sample ID	18-W038	18-W037	18-W036	18-W039	18-W044	18-W045	18-W032		18-W035	18-W047	18-W043	18-W040		18-W041	18-W030	18-W042	18-W046	18-W049	18-W048	18-W031		
RL	18-Nov-13	18-Nov-13	18-Nov-13	18-Nov-13	18-Nov-14	18-Nov-14	18-Nov-13		18-Nov-13	18-Nov-14	18-Nov-14	18-Nov-14		18-Nov-14	18-Nov-13	18-Nov-14	18-Nov-14	18-Nov-14	18-Nov-14	18-Nov-13		
Acetone	ug/L	2	<	<	<	<	<30	<30	<	<	<30	<30	<30	<	<30	<	<30	<30	<30	<	<	1
Benzene	ug/L	0.5	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
Bromobenzene	ug/L	0.1	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
Bromodichloromethane	ug/L	0.1	<	<	<	<	<2	<2	<	<2	<2	<2	<2	<	<2	<2	<2	<2	<2	<2	<2	<
Bromoform	ug/L	0.1	<	<	<	<	<5	<5	<	<5	<5	<5	<5	<	<5	<5	<5	<5	<5	<5	<5	<
Bromomethane	ug/L	0.3	<	<	<	<	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<
Carbon Tetrachloride	ug/L	0.2	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
Chloroethane	ug/L	0.08	<0.1	<0.1	<0.1	<0.1	<	<	<0.1	<0.1	<	<	<	<0.1	<	<0.1	<	<	<	<	<	<0.1
Chloroform	ug/L	0.3	<	<	<	<	<1	<1	<	<1	<1	<1	<1	<	<1	<1	<1	<1	<1	<1	<1	<
Chloromethane	ug/L	0.06	<0.3	<0.3	<0.3	<0.3	<	<	<0.3	<0.3	<	<	<	<0.3	<	<0.3	<	<	<	<	<	<0.3
2-Chlorotoluene	ug/L	0.06	<0.2	<0.2	<0.2	<0.2	<	<	<0.2	<0.2	<	<	<	<0.2	<	<0.2	<	<	<	<	<	<0.2
4-Chlorotoluene	ug/L	0.08	<0.2	<0.2	<0.2	<0.2	<	<	<0.2	<0.2	<	<	<	<0.2	<	<0.2	<	<	<	<	<	<0.2
1,2-Dibromo-3-Chloropropane	ug/L	0.07	<1	<1	<1	<1	<	<	<1	<1	<	<	<	<1	<	<1	<	<	<	<	<	<1
Dibromochloromethane	ug/L	0.1	<	<	<	<	<2	<2	<	<2	<	<	<	<2	<	<2	<	<	<	<	<	<2
1,2-Dibromoethane	ug/L	0.1	<	<	<	<	<0.2	<0.2	<	<0.2	<0.2	<0.2	<0.2	<	<0.2	<0.2	<0.2	<0.2	<0.2	<0.2	<0.2	<
Dibromomethane	ug/L	0.06	<1	<1	<1	<1	<	<	<1	<1	<	<	<	<1	<	<1	<	<	<	<	<	<1
1,2-Dichlorobenzene	ug/L	0.1	<	<	<	<	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<
1,3-Dichlorobenzene	ug/L	0.1	<	<	<	<	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<
1,4-Dichlorobenzene	ug/L	0.2	<	<	<	<	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<
Dichlorodifluoromethane	ug/L	1	<	<	<	<	<2	<2	<	<2	<2	<2	<2	<	<2	<2	<	<	<	<	<	<2
1,1-Dichloroethane	ug/L	0.1	<	0.4	<	<	<0.5	<0.5	0.1	19.3	<0.5	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	0.2
1,2-Dichloroethane	ug/L	0.1	<	<	<	<	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<
1,1-Dichloroethylene	ug/L	0.1	<	<	<	<	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<
cis-1,2-Dichloroethylene	ug/L	0.1	<	0.2	<	<	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	0.2
trans-1,2-Dichloroethylene	ug/L	0.1	<	<	<	<	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<
Methylene Chloride	ug/L	0.3	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
1,2-Dichloropropane	ug/L	0.1	<	<	<	<	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<
1,3-Dichloropropane	ug/L	0.1	<0.2	<0.2	<0.2	<0.2	<	<	<0.2	<0.2	<	<	<	<0.2	<	<0.2	<	<	<	<	<	<0.2
2,2-Dichloropropane	ug/L	0.1	<0.2	<0.2	<0.2	<0.2	<	<	<0.2	<0.2	<	<	<	<0.2	<	<0.2	<	<	<	<	<	<0.2
cis-1,3-Dichloropropene	ug/L	0.1	<	<	<	<	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<
trans-1,3-Dichloropropene	ug/L	0.1	<	<	<	<	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<
1,3-Dichloropropene, total	ug/L	0.1	<	<	<	<	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<
1,1-Dichloropropene	ug/L	0.1	<0.2	<0.2	<0.2	<0.2	<	<	<0.2	<0.2	<	<	<	<0.2	<	<0.2	<	<	<	<	<	<0.2
Ethylbenzene	ug/L	0.5	<	21.9	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
Hexachlorobutadiene	ug/L	0.06	<1	<1	<1	<1	<	<	<1	<	<	<	<	<	<1	<	<	<	<	<	<	<1
Hexane	ug/L	1	<	<	<	<	<5	<5	<	<5	<5	<5	<5	<	<5	<5	<5	<5	<5	<5	<5	<
Isopropylbenzene	ug/L	0.04	<0.2	1.2	<0.2	<0.2	<	<	<0.2	<	<	<	<	<	<0.2	<	<	<	<	<	<	<0.2
4-Isopropyltoluene	ug/L	0.05	<0.4	<0.4	<0.4	<0.4	<	<	<0.4	<	<	<	<	<	<0.4	<	<	<	<	<	<	<0.4
Methyl Butyl Ketone	ug/L	10	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
Methyl Ethyl Ketone	ug/L	1	<	<	<	<	<20	<20	<	<20	<20	<20	<20	<	<20	<20	<20	<20	<20	<20	<20	<
Methyl Isobutyl Ketone	ug/L	1	<	<	<	<	<20	<20	<	<20	<20	<20	<20	<	<20	<20	<20	<20	<20	<20	<20	<
Methyl tert-butyl ether	ug/L	1	<	<	<	<	<2	<2	<	<2	<2	<2	<2	<	<2	<2	<2	<2	<2	<2	<2	<
Chlorobenzene	ug/L	0.2	<	<	<	<	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<
Naphthalene	ug/L	0.04	<0.7	<0.7	<0.7	<0.7	<	<	<0.7	<	<	<	<	<	<0.7	<	<	<	<	<	<	<0.7
n-Butylbenzene	ug/L	0.1	<0.7	<0.7	<0.7	<0.7	<	<	<0.7	<	<	<	<	<	<0.7	<	<	<	<	<	<	<0.7
n-Propylbenzene	ug/L	0.03	<0.4	<0.4	<0.4	<0.4	<	<	<0.4	<	<	<	<	<	<0.4	<	<	<	<	<	<	<0.4
sec-Butylbenzene	ug/L	0.06	<0.5	<0.5	<0.5	<0.5	<	<	<0.5	<	<	<	<	<	<0.5	<	<	<	<	<	<	<0.5
Styrene	ug/L	0.5	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
tert-Butylbenzene	ug/L	0.03	<0.1	<0.1	<0.1	<0.1	<	<	<0.1	<	<	<	<	<	<0.1	<	<	<	<	<	<	<0.1
1,1,1,2-Tetrachloroethane	ug/L	0.1	<	<	<	<	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<
1,1,2,2-Tetrachloroethane	ug/L	0.4	<	<	<	<	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<
Tetrachloroethylene	ug/L	0.2	<	<	<	<	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<
Toluene	ug/L	0.5	<	0.6	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
1,2,3-Trichlorobenzene	ug/L	0.1	<0.2	<0.2	<0.2	<0.2	<	<	<0.2	<	<	<	<	<	<0.2	<	<	<	<	<	<	<0.2
1,2,4-Trichlorobenzene	ug/L	0.2	<	<	<	<	<0.5	<0.5	<	<0.5												



**Table 6**  
**Reasonable Use Limits**

**Bedrock Wells** Cm = Cb+x(Cr-Cb)

Parameter	Units	ODWS Concentration Limit (C <sub>r</sub> )	BW2-S mean Background Concentration 2007-2018 (C <sub>b</sub> )	Constant (x)	Reasonable Use Limit (C <sub>m</sub> )
Alkalinity	mg/L	500	266	0.5	383
DOC	mg/L	5	3.9	0.5	4.5
Hardness	mg/L	100	299	0.5	199
Total Dissolved Solids	mg/L	500	666	0.5	583
Chloride	mg/L	250	76	0.5	163
N - Nitrate	mg/L	10	6.83	0.25	7.62
N - Nitrite	mg/L	1	0.07	0.25	0.30
Sulphate	mg/L	500	180	0.5	340
Mercury	µg/L	1	0.054	0.25	0.29
Aluminum	µg/L	100	259	0.5	179
Arsenic	µg/L	10	0.605	0.25	2.95
Barium	µg/L	1000	35	0.25	276
Boron	µg/L	5000	27	0.25	1270
Cadmium	µg/L	5	0.0963	0.25	1.32
Chromium	µg/L	50	1.6	0.25	14
Copper	µg/L	1000	1.69	0.5	501
Iron	µg/L	300	216	0.5	258
Lead	µg/L	10	0.24	0.25	2.7
Manganese	µg/L	50	91	0.5	70
Sodium	µg/L	20000	124670	0.5	72335
Uranium	µg/L	20	11.7	0.25	13.76
Zinc	µg/L	5000	17.2	0.5	2509

**Overburden Wells** Cm = Cb+x(Cr-Cb)

Parameter	Units	ODWS Concentration Limit (C <sub>r</sub> )	OW21 mean Background Concentration 2016-2018 (C <sub>b</sub> )	Constant (x)	Reasonable Use Limit (C <sub>m</sub> )
Alkalinity	mg/L	500	231	0.5	366
DOC	mg/L	5	1.4	0.5	3.2
Hardness	mg/L	100	258	0.5	179
Total Dissolved Solids	mg/L	500	295	0.5	398
Chloride	mg/L	250	7.34	0.5	129
N - Nitrate	mg/L	10	5.99	0.25	6.99
N - Nitrite	mg/L	1	0.03	0.25	0.27
Sulphate	mg/L	500	22	0.5	261
Mercury	µg/L	1	0.037	0.25	0.28
Aluminum	µg/L	100	18	0.5	59
Arsenic	µg/L	10	0.350	0.25	2.76
Barium	µg/L	1000	266	0.25	449
Boron	µg/L	5000	30.8	0.25	1273
Cadmium	µg/L	5	0.0358	0.25	1.28
Chromium	µg/L	50	0.58	0.25	13
Copper	µg/L	1000	0.283	0.5	500
Iron	µg/L	300	67	0.5	184
Lead	µg/L	10	0.037	0.25	2.5
Manganese	µg/L	50	3.6	0.5	27
Sodium	µg/L	20000	4700	0.5	12350
Uranium	µg/L	20	0.75	0.25	5.56
Zinc	µg/L	5000	2.5	0.5	2501

**Table 7**  
**Surface Water Analysis Results**

Parameter	Units	Station ID Sample ID Flow Conditions	April 24, 2018			November 13, 2018			Provincial Water Quality Objectives	Canadian Water Quality Guidelines	Aquatic Protection Values
			SW1	SW4	SW5	SW1	SW4	SW5			
			18-W002	18-W003	18-W001	18-W034	18-W029	18-W033			
RL	lotic	lotic	lotic	lotic	lotic	lotic					
Hardness as CaCO <sub>3</sub>	mg/L	1	195	205	206	247	266	262			
Alkalinity as CaCO <sub>3</sub>	mg/L	5	170	179	173	195	210	204	(see note 3)		
Ammonia-N	mg/L	0.01	0.04	0.06	0.06	0.07	0.13	0.09			
Unionized Ammonia-N (Lab)	mg/L	0.01	<	<	<	0.01	<	0.02	0.02	0.100	
Biochemical Oxygen Demand	mg/L	2	<	<	2	4	5	4			
Chemical Oxygen Demand	mg/L	5	18	17	16	18	20	21			
Dissolved Organic Carbon	mg/L	0.2	6.6	6.4	13.1	8.6	8.6	16.8			
Conductivity	µmho/cm	1	386	394	401	486	524	522			
pH	pH Units	-	8.20	8.24	8.23	7.98	7.99	7.99	6.5 - 8.5	6.0-9.0	
Phenols	mg/L	0.001	<	<	<	0.002	< 0.002	< 0.002	0.001	0.004 <sup>4</sup>	
Total Phosphorus	mg/L	0.01	0.02	0.03	0.04	0.03	0.04	0.03	0.03		
o-Phosphate	mg/L	0.01	<	0.01	0.01	0.02	0.02	0.02			
Total Dissolved Solids	mg/L	3	199	203	207	251	271	270			
Total Suspended Solids	mg/L	3	8	17	7	7	6	7			
Total Kjeldahl Nitrogen-N	mg/L	0.1	0.4	0.5	0.5	0.6	0.6	0.6			
Chloride	mg/L	0.5	4.4	5.9	7.6	8.1	11.5	11.5		180	
Nitrate-N	mg/L	0.05	1.04	1.03	0.87	2.59	2.38	1.98		128 <sup>proposed</sup> 2.9	
Nitrite-N	mg/L	0.05	<	<	<	<	<	<		0.06	
Sulphate	mg/L	1	12	12	12	36	40	42		100	
Mercury	mg/L	0.00002	<	<	<	<	<	<	0.0002		
Aluminum	µg/L	10	40	50	40	50	50	50	75 <sup>5</sup>		
Arsenic	mg/L	0.0001	0.0002	0.0003	0.0001	0.0002	0.0002	0.0002	0.005	0.15	
Barium	µg/L	1	101	105	102	106	131	137		2300	
Boron	µg/L	5	13	18	18	8	22	20	200	3550	
Cadmium	µg/L	0.01	< 0.014	0.014	0.014	0.022	< 0.015	0.037	(see note 6)	0.017 <sup>interim</sup>	
Calcium	µg/L	20	53400	53400	54000	57800	64900	67600		0.21	
Chromium	µg/L	1	<	<	<	<	<	<	(see note 7)	64	
Cobalt	µg/L	0.1	<	0.2	0.1	0.2	0.5	0.6	0.9		
Copper	µg/L	0.1	1.8	2.0	1.8	5.8	6.1	5.5	(see note 8)	6.9	
Iron	µg/L	5	268	349	348	153	513	301	300	1000	
Lead	mg/L	0.00002	0.00015	0.00018	0.00017	0.00021	0.00027	0.00045	(see note 9)	0.002	
Magnesium	µg/L	20	19100	18500	18300	22100	24100	24600			
Manganese	µg/L	1	30	43	44	20	56	56			
Nickel	mg/L	0.01	<	<	<	<	<	<	0.025		
Potassium	µg/L	100	1100	1300	1600	1300	1900	1700			
Silver	mg/L	0.00002	<	<	<	< 0.0001	< 0.0001	< 0.0001	0.0001		
Sodium	µg/L	200	6000	6700	7000	5500	7400	7400			
Strontium	µg/L	1	214	209	214	247	262	280			
Vanadium	µg/L	5	<	<	<	47	31	46	6		
Zinc	mg/L	0.005	0.043	0.035	0.026	0.013	0.012	0.015	0.02	0.089	
pH(field)	pH Units	-	6.78	6.65	6.74	9.29	8.75	9.16	6.5 - 8.5	6.0-9.0	
Temperature (field)	° Celsius	-	8.89	9.84	8.05	4.27	7.12	4.53			
Dissolved Oxygen (field)	mg/L	-	6.04	8.13	>19.99	17.10	6.59	9.05	(see note 2)		
Conductivity (field)	mS/cm	-	0.408	0.416	0.009	0.516	0.525	0.543			
Unionized Ammonia (Calculated) <sup>1</sup>	mg/L	0.01	<	<	<	0.01	0.01	0.01	0.02	0.100	

**Notes:**

- "-" denotes not analyzed
- "<" denotes result below reporting limit
- "<#" denotes elevated RL
- "SW ###" denotes surface water station ID
- "RL" denotes reporting limit
- 1 unionized ammonia calculated using field parameters for pH and temperature
- 2 PWQO for minimum DO concentration set at conservative value based on highest temperature and warm water biota
- DO criteria: 0°C -5°C = ≥7mg/L, 5°C-10°C = ≥6mg/L, 10°C-15°C = ≥5mg/L, 20°C-25°C = ≥4mg/L
- 3 Alkalinity should not be decreased by more than 25% of the natural concentration
- 4 Table A and Table B standards apply only to Phenol
- 5 PWQO standard for Aluminum is pH dependent
- 6 Cadmium criteria: 0-100 mg/L Hardness = 0.1 ug/L, >100 mg/L Hardness = 0.5 ug/L
- 7 Chromium reported as total, published standards are for Chromium VI (1.0 µg/L) and Chromium III (8.9 µg/L)
- 8 Copper criteria: 0-20 mg/L Hardness = 1 ug/L, >20 mg/L Hardness = 5 ug/L
- 9 Lead criteria: <30 mg/L Hardness = 0.001 mg/L, 30 to 80 mg/L Hardness = 0.003 mg/L, >80 mg/L Hardness = 0.005 mg/L
- Metals are reported as "total" with the exception of Aluminum and Mercury (reported as dissolved)
- Shading indicates parameters exceeding guideline criteria
  - denotes concentration exceeds the PWQO
  - denotes concentration exceeds the APV
  - denotes concentration exceeds the CWQG
  - black, bold and underlined** denotes RL greater than criteria

**Table 8**  
**Surface Water Station Descriptions**

Station	UTMs (NAD 83, Zone 18)		Flow Conditions		Notes
	Northing (m)	Easting (m)	25-Apr-18	12-Nov-18	
SW1	407033	4933275	lotic	lotic	Located upstream from WDS next to Turk Rock Road. SW1 is intended to represent background surface water quality for the landfill site.
SW4	406634	4933207	lotic	lotic	Located approximately 200m downstream from the landfill waste area, in a forested area south of an agricultural field. SW4 is on the upstream side of the culvert running under the agricultural access road, in the vicinity of OW24 northwest of the site
SW5	406447	4933208	lotic	lotic	Located approximately 400m downstream from the landfill waste area, next to Fortune Line Road. The sampling location is upstream of the culvert

Appendix C  
Certificate of Approval No. A442103

**AMENDED ENVIRONMENTAL COMPLIANCE APPROVAL**

NUMBER A442103

Issue Date: August 20, 2015

The Corporation of the Township of Leeds and the Thousand Islands  
1233 Prince St Lansdowne  
Post Office Box, No. 280  
Leeds and the Thousand Islands, Ontario  
K0E 1L0

Site Location: Briar Hill Landfill Site, Ward 2, Township of Leeds and the Thousand Islands  
Lot 18, Concession 11  
Leeds and the Thousand Islands Township, United Counties of Leeds and Grenville

*You have applied under section 20.2 of Part II.1 of the Environmental Protection Act, R.S.O. 1990, c. E. 19 (Environmental Protection Act) for approval of:*

the use and operation of 2.4 hectare waste disposal/transfer site within a total site area of 16 hectares.

*For the purpose of this environmental compliance approval, the following definitions apply:*

"Approval " means this Environmental Compliance Approval and any Schedules to it, including the application and supporting documentation listed in Schedule "A";

"Contaminating Life Span" means contaminating life span as defined in Ontario Regulation 232/98;

"Director" means any *Ministry* employee appointed in writing by the Minister pursuant to section 5 of the EPA as a Director for the purposes of Part II.1 of the *EPA*;

"District Manager" means the District Manager of the local district office of the *Ministry* in which the *Site* is geographically located;

"EPA " means *Environmental Protection Act* , R.S.O. 1990, c. E. 19, as amended;

"Ministry" means the Ministry of the Environment and Climate Change;

"NMA " means *Nutrient Management Act* , 2002, S.O. 2002, c. 4, as amended;

"Ontario Drinking Water Quality Standards" means Ontario Regulation 169/03 (Ontario Drinking

Water Quality Standards) as amended;

"*Operator*" means any person, other than the *Owner's* employees, authorized by the *Owner* as having the charge, management or control of any aspect of the *Site* and includes its successors or assigns;

"*Owner*" means any person that is responsible for the establishment or operation of the *Site* being approved by this *Approval*, and includes the Corporation of the Township of Leeds and the Thousand Islands and its successors and assigns;

"*OWRA* " means the *Ontario Water Resources Act* , R.S.O. 1990, c. O.40, as amended;

"*PA* " means the *Pesticides Act* , R.S.O. 1990, c. P-11, as amended;

"*Provincial Officer*" means any person designated in writing by the Minister as a provincial officer pursuant to Section 5 of the *OWRA*, Section 5 of the *EPA*, Section 17 of the *PA*, Section 4 of the *NMA*, or Section 8 of the *SDWA*;

"*Refrigerant Appliances*" means household appliances which use, or may use refrigerants, and which include, but is not restricted to, refrigerators, freezers and air-conditioning systems;

"*Regional Director* " means the Regional Director of the local Regional Office of the *Ministry* in which the *Site* is located;

"*Regulation 347* " or "*Reg. 347* " means Regulation 347, R.R.O. 1990, made under the *EPA*, as amended;

"*SDWA*" means *Safe Drinking Water Act*, 2002, S.O. 2002, c. 32, as amended;

"*Site* " means the entire waste disposal site, including the buffer lands, and contaminant attenuation zone at Briar Hill Landfill Site, Ward 2, Township of Leeds and the Thousand Islands, Lot 18, Concession 11, Leeds and the Thousand Islands Township, United Counties of Leeds and Grenville; and

"*Trained Personnel*" means personnel knowledgeable in the following through instruction and/or practice:

- a. relevant waste management legislation, regulations and guidelines;
- b. major environmental concerns pertaining to the waste to be handled;
- c. occupational health and safety concerns pertaining to the processes and wastes to be handled;
- d. management procedures including the use and operation of equipment for the processes and wastes to be handled;
- e. emergency response procedures;
- f. specific written procedures for the control of nuisance conditions;
- g. specific written procedures for refusal of unacceptable waste loads; and
- h. the requirements of this *Approval*.

*You are hereby notified that this environmental compliance approval is issued to you subject to the terms and*

conditions outlined below:

## **TERMS AND CONDITIONS**

### **1. GENERAL**

#### **Compliance**

- (1) The *Owner* and *Operator* shall ensure compliance with all the conditions of this *Approval* and shall ensure that any person authorized to carry out work on or operate any aspect of the *Site* is notified of this *Approval* and the conditions herein and shall take all reasonable measures to ensure any such person complies with the same.
- (2) Any person authorized to carry out work on or operate any aspect of the *Site* shall comply with the conditions of this *Approval*.

#### **In Accordance**

- (3) Except as otherwise provided by this *Approval*, the *Site* shall be designed, developed, built, operated and maintained in accordance with the documentation listed in the attached Schedule "A".

#### **Interpretation**

- (4) Where there is a conflict between a provision of any document listed in Schedule "A" in this *Approval*, and the conditions of this *Approval*, the conditions in this *Approval* shall take precedence.
- (5) Where there is a conflict between the application and a provision in any document listed in Schedule "A", the application shall take precedence, unless it is clear that the purpose of the document was to amend the application and that the *Ministry* approved the amendment.
- (6) Where there is a conflict between any two documents listed in Schedule "A", the document bearing the most recent date shall take precedence.
- (7) The conditions of this *Approval* are severable. If any condition of this *Approval*, or the application of any condition of this *Approval* to any circumstance, is held invalid or unenforceable, the application of such condition to other circumstances and the remainder of this *Approval* shall not be affected thereby.

## **Other Legal Obligations**

- (8) The issuance of, and compliance with, this *Approval* does not:
- (a) relieve any person of any obligation to comply with any provision of any applicable statute, regulation or other legal requirement; or
  - (b) limit in any way the authority of the *Ministry* to require certain steps be taken or to require the *Owner* and *Operator* to furnish any further information related to compliance with this *Approval*.

## **Adverse Effect**

- (9) The *Owner* and *Operator* shall take steps to minimize and ameliorate any adverse effect on the natural environment or impairment of water quality resulting from the *Site*, including such accelerated or additional monitoring as may be necessary to determine the nature and extent of the effect or impairment.
- (10) Despite an *Owner*, *Operator* or any other person fulfilling any obligations imposed by this *Approval* the person remains responsible for any contravention of any other condition of this *Approval* or any applicable statute, regulation, or other legal requirement resulting from any act or omission that caused the adverse effect to the natural environment or impairment of water quality.

## **Change of Ownership**

- (11) The *Owner* shall notify the *Director*, in writing, and forward a copy of the notification to the *District Manager*, within 30 days of the occurrence of any changes in the following information:
- (a) the ownership of the *Site*;
  - (b) the *Operator* of the *Site*;
  - (c) the address of the *Owner* or *Operator*; and
  - (d) the partners, where the *Owner* or *Operator* is or at any time becomes a partnership and a copy of the most recent declaration filed under the *Business Names Act*, R. S. O. 1990, c. B.17, shall be included in the notification.
- (12) No portion of this *Site* shall be transferred or encumbered prior to or after closing of the *Site* unless the *Director* is notified in advance and sufficient financial assurance is deposited with the *Ministry* to ensure that these conditions will be carried out.
- (13) In the event of any change in ownership of the *Site*, other than change to a successor municipality, the *Owner* shall notify the successor of and provide the successor with a copy of this *Approval*, and the *Owner* shall provide a copy of the notification to the *District Manager* and the *Director*.

## **Registration on Title Requirement**

- (14) Prior to dealing with the property in any way, the *Owner* shall provide a copy of this *Approval*



and any amendments, to any person who will acquire an interest in the property as a result of the dealing.

- (15) (a) Within thirty (30) calendar days from the date of issuance of this *Approval*, the *Owner* shall submit to the *Director* a completed Certificate of Requirement which shall include:
- (i) a plan of survey prepared, signed and sealed by an Ontario Land Surveyor, which shows the area of the *Site* where waste has been or is to be deposited at the *Site*;
  - (ii) proof of ownership of the *Site*;
  - (iii) a letter signed by a member of the Law Society of Upper Canada or other qualified legal practitioner acceptable to the *Director*, verifying the legal description provided in the Certificate of Requirement;
  - (iv) the legal abstract of the property; and
  - (v) any supporting documents including a registerable description of the *Site*.
- (b) Within fifteen (15) calendar days of receiving a Certificate of Requirement authorized by the *Director*, the *Owner* shall:
- (i) register the Certificate of Requirement in the appropriate Land Registry Office on the title to the property; and
  - (ii) submit to the *Director* written verification that the Certificate of Requirement has been registered on title.

### **Inspections by the Ministry**

- (16) No person shall hinder or obstruct a *Provincial Officer* from carrying out any and all inspections authorized by the *OWRA*, the *EPA*, the *PA*, the *SDWA* or the *NMA*, of any place to which this *Approval* relates, and without limiting the foregoing:
- (a) to enter upon the premises where the approved works are located, or the location where the records required by the conditions of this *Approval* are kept;
  - (b) to have access to, inspect, and copy any records required to be kept by the conditions of this *Approval*;
  - (c) to inspect the *Site*, related equipment and appurtenances;
  - (d) to inspect the practices, procedures, or operations required by the conditions of this *Approval*; and
  - (e) to sample and monitor for the purposes of assessing compliance with the terms and conditions of this *Approval* or the *EPA*, the *OWRA*, the *PA*, the *SDWA* or the *NMA*.

### **Information and Record Retention**

- (17) (a) Except as authorized in writing by the *Director*, all records required by this *Approval* shall be retained at the *Site* for a minimum of two (2) years from their date of creation.
- (b) The *Owner* shall retain all documentation listed in Schedule “A” for as long as this *Approval* is valid.
- (c) All monthly summary reports are to be kept at the *Site* until they are included in the Annual

Report.

- (d) The *Owner* shall retain employee training records as long as the employee is working at the *Site*.
  - (e) The *Owner* shall make all of the above documents available for inspection upon request of *Ministry* staff.
- (18) The receipt of any information by the *Ministry* or the failure of the *Ministry* to prosecute any person or to require any person to take any action under this *Approval* or under any statute, regulation or other legal requirement, in relation to the information, shall not be construed as:
- (a) an approval, waiver, or justification by the *Ministry* of any act or omission of any person that contravenes any term or condition of this *Approval* or any statute, regulation or other legal requirement; or
  - (b) acceptance by the *Ministry* of the information's completeness or accuracy.
- (19) The *Owner* shall ensure that a copy of this *Approval*, in its entirety and including all its Notices of Amendment, and documentation listed in Schedule "A", are retained at the *Site* at all times.
- (20) Any information related to this *Approval* and contained in *Ministry* files may be made available to the public in accordance with the provisions of the Freedom of Information and Protection of Privacy Act, RSO 1990, CF-31.

## 2. SITE OPERATION

### Operation

- (1) The *Site* shall be operated and maintained at all times including management and disposal of all waste, in accordance with the *EPA, Regulation 347*, and the conditions of this *Approval*. At no time shall the discharge of a contaminant that causes or is likely to cause an adverse effect be permitted.

### Signs

- (2) A sign shall be installed and maintained at the main entrance/exit to the *Site* on which is legibly displayed the following information:
- (a) the name of the *Site* and *Owner*;
  - (b) the number of the *Approval*;
  - (c) the name of the *Operator*;
  - (d) the normal hours of operation;
  - (e) the allowable and prohibited waste types;
  - (f) the telephone number to which complaints may be directed;
  - (g) a warning against unauthorized access;
  - (h) a twenty-four (24) hour emergency telephone number (if different from above); and
  - (i) a warning against dumping outside the *Site*.

- (3) The *Owner* shall install and maintain signs to direct vehicles to working face and recycling areas.
- (4) The *Owner* shall provide signs at the recycling area informing users what materials are acceptable and directing users to appropriate storage areas.

**Vermin, Vectors, Dust, Litter, Odour, Noise and Traffic**

- (5) The *Site* shall be operated and maintained such that the vermin, vectors, dust, litter, odour, noise and traffic do not create a nuisance.

**Burning Waste Prohibited**

- (6) (a) Burning of waste at the *Site* is prohibited.
- (b) Notwithstanding Condition 2. (6) (a) above, burning of segregated, clean wood and brush at the landfill may be carried out in strict compliance with the Ministry of the Environment Document titled "Guideline C-7, Burning at Landfill Sites" dated April 1994.

**Site Access**

- (7) Waste shall only be accepted on during the following time periods:
  - Monday 8:30 a.m. - 4:45 p.m.
  - Wednesday 8:30 a.m. - 4:45 p.m.
  - Thursday 8:30 a.m. - 4:45 p.m.
  - Saturday 8:30 a.m. - 4:45 p.m.
- (8) On-site equipment used for daily site preparation and closing activities may be operated one (1) hour before and one (1) hour after the hours of operation approved by this *Approval*.
- (9) With the prior written approval from the *District Manager*, the time periods may be extended to accommodate seasonal or unusual quantities of waste.

**Site Security**

- (10) No waste shall be received, landfilled or removed from the *Site* unless a site supervisor or an attendant is present and supervises the operations during operating hours. The *Site* shall be closed when a site attendant is not present to supervise landfilling operations.
- (11) The *Site* shall be operated and maintained in a safe and secure manner. During non-operating hours, the *Site* entrance and exit gates shall be locked and the *Site* shall be secured against access by unauthorized persons.

## Stormwater Management

- (12) The *Site* shall be maintained to prevent erosion or washing of fill, liner or cover material. Regular grading shall be carried out to drain rain water from fill areas and to prevent standing water.

### 3. EMPLOYEE TRAINING

- (1) A training plan for all employees that operate any aspect of the *Site* shall be developed and implemented by the *Owner* or the *Operator*. Only *Trained Personnel* shall operate any aspect of the *Site* or carry out any activity required under this *Approval* .

### 4. COMPLAINTS RESPONSE PROCEDURE

- (1) If at any time the *Owner* receives complaints regarding the operation of the *Site*, the *Owner* shall respond to these complaints according to the following procedure:
  - (a) The *Owner* shall record and number each complaint, either electronically or in a log book, and shall include the following information: the nature of the complaint, the name, address and the telephone number of the complainant if the complainant will provide this information and the time and date of the complaint;
  - (b) The *Owner*, upon notification of the complaint, shall initiate appropriate steps to determine possible causes of the complaint, proceed to take the necessary actions to eliminate the cause of the complaint and forward a formal reply to the complainant; and
  - (c) The *Owner* shall complete and retain on-site a report written within one (1) week of the complaint date, listing the actions taken to resolve the complaint and any recommendations for remedial measures, and managerial or operational changes to reasonably avoid the recurrence of similar incidents.

### 5. EMERGENCY RESPONSE

- (1) All Spills as defined in the *EPA* shall be immediately reported to the **Ministry's Spills Action Centre at 1-800-268-6060** and shall be recorded in the log book as to the nature of the emergency situation, and the action taken for clean-up, correction and prevention of future occurrences.
- (2) In addition, the *Owner* shall submit, to the *District Manager* a written report within three (3) business days of the emergency situation, outlining the nature of the incident, remedial measures taken, handling of waste generated as a result of the emergency situation and the measures taken to prevent future occurrences at the *Site*.
- (3) All wastes resulting from an emergency situation shall be managed and disposed of in

accordance with *O.Reg. 347*.

- (4) All equipment and materials required to handle the emergency situations shall be:
  - (a) kept on hand at all times that waste landfilling and/or handling is undertaken at the *Site*; and
  - (b) adequately maintained and kept in good repair.
- (5) The *Owner* shall ensure that the emergency response personnel are familiar with the use of such equipment and its location(s).

## **6. INSPECTIONS, RECORD KEEPING AND REPORTING**

### **Daily Log Book**

- (1) A daily log shall be maintained in written or electronic format and shall include the following information:
  - (a) the type, date and time of arrival, hauler, and quantity (tonnes) of all waste and cover material received at the *Site*.
  - (b) Notwithstanding condition 6 (1)(a), for household users a count of number of users and an estimated quantity of waste may be recorded;
  - (c) the area of the *Site* in which waste disposal operations are taking place;
  - (d) a record of litter collection activities and the application of any dust suppressants;
  - (e) a record of the daily inspections; and
  - (f) a description of any out-of-service period of any control, treatment, disposal or monitoring facilities, the reasons for the loss of service, and action taken to restore and maintain service.
- (2) Any information requested, by the *Director* or a *Provincial Officer*, concerning the *Site* and its operation under this *Approval*, including but not limited to any records required to be kept by this *Approval* shall be provided to the *Ministry*, upon request.

### **Daily Inspections and Log Book**

- (3) An inspection of the entire *Site* and all equipment on the *Site* shall be conducted each day the *Site* is in operation to ensure that: the *Site* is secure; that the operation of the *Site* is not causing any nuisances; that the operation of the *Site* is not causing any adverse effects on the environment and that the *Site* is being operated in compliance with this *Approval*. Any deficiencies discovered as a result of the inspection shall be remedied immediately, including temporarily ceasing operations at the *Site* if needed.
- (4) A record of the inspections shall be kept in a daily log book that includes:
  - (a) the name and signature of person that conducted the inspection;
  - (b) the date and time of the inspection;
  - (c) the list of any deficiencies discovered;
  - (d) the recommendations for remedial action; and
  - (e) the date, time and description of actions taken.

- (5) A record shall be kept in the daily log book of all refusals of waste shipments, the reason(s) for refusal, and the origin of the waste, if known.

### **Annual Report**

- (6) A written report on the development, operation and monitoring of the *Site*, shall be completed annually (the “Annual Report”). The Annual Report shall be submitted to the *District Manager*, by March 31st of the year following the period being reported upon.
- (7) The Annual Report shall include but not be limited to the following information:
- (a) the results and an interpretive analysis of the results of all leachate, groundwater surface water and landfill gas monitoring, including an assessment of the need to amend the monitoring programs;
  - (b) an assessment of the operation and performance of all engineered facilities, the need to amend the design or operation of the *Site*, and the adequacy of and need to implement the contingency plans;
  - (c) site plans showing the existing contours of the *Site*; areas of landfilling operation during the reporting period; areas of intended operation during the next reporting period; areas of excavation during the reporting period; the progress of final cover, vegetative cover, and any intermediate cover application; facilities existing, added or removed during the reporting period; and site preparations and facilities planned for installation during the next reporting period;
  - (d) calculations of the volume of waste, daily and intermediate cover, and final cover deposited or placed at the *Site* during the reporting period and a calculation of the total volume of *Site* capacity used during the reporting period;
  - (e) a calculation of the remaining capacity of the *Site* and an estimate of the remaining *Site* life;
  - (f) a summary of the weekly, maximum daily and total annual quantity (tonnes) of waste received at the *Site*;
  - (g) a summary of any complaints received and the responses made;
  - (h) a discussion of any operational problems encountered at the *Site* and corrective action taken;
  - (i) any changes to the Design and Operations Report and the Closure Plan that have been approved by the *Director* since the last *Annual Report*;
  - (j) a report on the status of all monitoring wells and a statement as to compliance with *Ontario Regulation 903*; and
  - (k) any other information with respect to the *Site* which the *Regional Director* may require from time to time.

## 7. LANDFILL DESIGN AND DEVELOPMENT

### Approved Waste Types

- (1) Only municipal waste as defined under *Reg. 347* being solid non-hazardous shall be accepted at the *Site* for landfilling.
- (2) The *Owner* shall develop and implement a program to inspect waste to ensure that the waste received at the *Site* is of a type approved for acceptance under this *Approval*.
- (3) The *Owner* shall ensure that all loads of waste are properly inspected by *Trained personnel* prior to acceptance at the *Site* and that the waste vehicles are directed to the appropriate areas for disposal or transfer of the waste. The *Owner* shall notify the *District Manager*, in writing, of load rejections at the *Site* within one (1) business day from their occurrence.

### Capacity

- (4) Maximum volumetric capacity approved for the *Site*, consisting of the waste, daily cover, intermediate cover and the final cover is 85,600 cubic metres. This volume does not include the historical volume of waste deposited prior to May 2003 within the 1.5 hectare area of the old landfill.

### Service Area

- (5) Only waste that is generated within the boundaries of the Township of Leeds and the Thousand Islands may be accepted at the *Site*.

### Design and Operations Report

- (6) Within one hundred and eighty (180) days from the date of this *Approval*, the *Owner* shall submit for the *Director's* approval, a Design and Operations Report that includes as a minimum the following information:
  - (a) proposed landfill design including the footprint, final contours, capacity and an estimate of the amount of existing waste;
  - (b) an estimate of waste types and quantities to be landfilled at the site and recycling and resource recovering activities at the *Site*;
  - (c) location and description of the access road and the on-site roads at the *Site*;
  - (d) description and location of the fencing and the gate(s);
  - (e) screening of the *Site* from the public, both visual and the protection from the noise impact;
  - (f) details of the clean surface water drainage from the *Site* and any works required to prevent extraneous surface water from contacting the active working face;
  - (g) description of the fill method, the equipment used at the *Site*, the areas used for various fill methods of landfilling, and timelines for various phases of the *Site* development;
  - (h) the operating hours of the *Site* and the hours for the various activities to be undertaken at the *Site*, including waste compaction, waste coverage and other activities within the *Site*;

- (i) details on winter operations;
- (j) the equipment used and the procedures used for waste deposition, spreading and covering (if sludge is disposed);
- (k) details on supervision and monitoring of the activities at the *Site*;
- (l) details on handling of other wastes, including the types and amounts of wastes handled, storage locations, storage facility design/description and the frequency of removal from the *Site*;
- (m) details on housekeeping practices undertaken to control noise, dust, litter, odour, rodents, insects and other disease vectors, scavenging birds or animals;
- (n) details on the closure of the *Site*, including the description of the final cover and its estimated permeability, its thickness, the source of the final cover material, the thickness of the top soil and the vegetation proposed for the closed waste mound, as well as the timeframe for the progressive waste coverage;
- (o) monitoring program for the surface and ground water;
- (p) site-specific trigger mechanism program for the implementation of the groundwater and surface water, contingency measures and a description of such measures;
- (q) landfill gas control or management required at the *Site*;
- (r) maintenance activities proposed for the *Site* and for the monitoring well network, including the type of the activities, the frequency of the activities and the personnel responsible for them;
- (s) inspection activities proposed for the *Site*, including the frequency of the activities and the personnel responsible for them;
- (t) details of training provided for the personnel responsible for the activities at the *Site*;
- (u) contingency plans for the emergency situations that may occur at the *Site*;
- (v) storm water management, including the location and the design of any works required;
- (w) closure plan for the old landfill site including for the Fill Beyond Approved Limit area; and
- (x) any other information relevant to the design and operation of the *Site* or the information required by the *District Manager*.

## Cover

- (7) Alternative materials to soil may be used as weekly and interim cover material, based on an application with supporting information and applicable fee for a trial use or permanent use, submitted by the *Owner* to the *Director*, copied to the *District Manager* and as approved by the *Director* via an amendment to this *Approval*. The alternative material shall be non-hazardous according to *Reg. 347* and will be expected to perform at least as well as soil in relation to the following functions:
  - (a) Control of blowing litter, odours, dust, landfill gas, gulls, vectors, vermin and fires;
  - (b) Provision for an aesthetic condition of the landfill during the active life of the *Site*;
  - (c) Provision for vehicle access to the active tipping face; and
  - (d) Compatibility with the design of the *Site* for groundwater protection, leachate management and landfill gas management.
- (8) Cover material shall be applied as follows:
  - (a) **Weekly** Cover - Weather permitting, deposited waste shall be covered **weekly** in a manner



- acceptable to the *District Manager* so that no waste is exposed to the atmosphere;
- (b) Intermediate Cover - In areas where landfilling has been temporarily discontinued for six (6) months or more, a minimum thickness of 300 millimetre of soil cover or an approved thickness of alternative cover material shall be placed; and
  - (c) Final Cover - In areas where landfilling has been completed to final contours, a minimum 600 millimetre thick layer of soil of medium permeability and 150 millimetres of top soil (vegetative cover) shall be placed. Fill areas shall be progressively completed and rehabilitated as landfill development reaches final contours.

## **8. LANDFILL MONITORING**

### **Landfill Gas**

- (1) The *Owner* shall ensure that any buildings or structures at the *Site* contain adequate ventilation systems to relieve any possible landfill gas accumulation to prevent methane concentration reaching the levels within its explosive range. Routine monitoring for explosive methane gas levels shall be conducted in all buildings or structures at the *Site*, especially enclosed structures which at times are occupied by people.

### **Compliance**

- (2) The *Site* shall be operated in such a way as to ensure compliance with the following:
  - (a) Reasonable Use Guideline B-7 for the protection of the groundwater at the *Site*; and
  - (b) Provincial Water Quality Objectives included in the July 1994 publication entitled *Water Management Policies, Guidelines, Provincial Water Quality Objectives*, as amended from time to time or limits set by the *Regional Director*, for the protection of the surface water at and off the *Site*.

### **Surface Water and Groundwater**

- (3) The *Owner* shall monitor surface water and ground water in accordance with the monitoring programs outlined in documents listed in the attached Schedule "A".
- (4) A certified Professional Geoscientist or Engineer possessing appropriate hydrogeologic training and experience shall execute or directly supervise the execution of the groundwater monitoring and reporting program.

### **Groundwater Wells and Monitors**

- (5) The *Owner* shall ensure that all groundwater monitoring wells which form part of the monitoring program are properly capped, locked and protected from damage.

- (6) Where landfilling is to proceed around monitoring wells, suitable extensions shall be added to the wells and the wells shall be properly re-secured.
- (7) Any groundwater monitoring well included in the on-going monitoring program that is damaged shall be assessed, repaired, replaced or decommissioned by the *Owner*, as required.
  - (a) The *Owner* shall repair or replace any monitoring well which is destroyed or in any way made to be inoperable for sampling such that no more than one regular sampling event is missed.
  - (b) All monitoring wells which are no longer required as part of the groundwater monitoring program, and have been approved by the *Director* for abandonment, shall be decommissioned by the *Owner*, as required, in accordance with *O.Reg. 903*, to prevent contamination through the abandoned well. A report on the decommissioning of the well shall be included in the Annual Report for the period during which the well was decommissioned.

### **Trigger Mechanisms and Contingency Plans**

- (8)
  - (a) Within one (1) year from the date of this *Approval*, the *Owner* shall submit to the *Director*, for approval, and copies to the *District Manager*, details of a trigger mechanisms plan for surface water and groundwater quality monitoring for the purpose of initiating investigative activities into the cause of increased contaminant concentrations.
  - (b) Within one (1) year from the date of this *Approval*, the *Owner* shall submit to the *Director* for approval, and copies to the *District Manager*, details of a contingency plan to be implemented in the event that the surface water or groundwater quality exceeds any trigger mechanism.
- (9) In the event of a confirmed exceedance of a site-specific trigger level relating to leachate mounding or groundwater or surface water impacts due to leachate, the *Owner* shall immediately notify the *District Manager*, and an investigation into the cause and the need for implementation of remedial or contingency actions shall be carried out by the *Owner* in accordance with the approved trigger mechanisms and associated contingency plans.
- (10) If monitoring results, investigative activities and/or trigger mechanisms indicate the need to implement contingency measures, the *Owner* shall ensure that the following steps are taken:
  - (a) The *Owner* shall notify the *District Manager*, in writing of the need to implement contingency measures, no later than 30 days after confirmation of the exceedances;
  - (b) Detailed plans, specifications and descriptions for the design, operation and maintenance of the contingency measures shall be prepared and submitted by the *Owner* to the *District Manager* for approval; and
  - (c) The contingency measures shall be implemented by the *Owner* upon approval by the *District Manager*.

- (11) The *Owner* shall ensure that any proposed changes to the site-specific trigger levels for leachate impacts to the surface water or groundwater, are approved in advance by the *Director* via an amendment to this *Approval*.

### **Changes to the Monitoring Plan**

- (12) The *Owner* may request to make changes to the monitoring program(s) to the *District Manager* in accordance with the recommendations of the annual report. The *Owner* shall make clear reference to the proposed changes in a separate letter that shall accompany the annual report.
- (13) Within fourteen (14) days of receiving the written correspondence from the *District Manager* confirming that the *District Manager* is in agreement with the proposed changes to the environmental monitoring program, the *Owner* shall forward a letter identifying the proposed changes and a copy of the correspondences from the *District Manager* and all other correspondences and responses related to the changes to the monitoring program, to the *Director* requesting the *Approval* be amended to approve the proposed changes to the environmental monitoring plan prior to implementation.
- (14) In the event any other changes to the environmental monitoring program are proposed outside of the recommendation of the annual report, the *Owner* shall follow current *Ministry* procedures for seeking approval for amending the *Approval*.

## **9. CLOSURE PLAN**

- (1) At least 3 years prior to the anticipated date of closure of this *Site*, the *Owner* shall submit to the *Director* for approval, with copies to the *District Manager*, a detailed *Site* closure plan pertaining to the termination of landfilling operations at this *Site*, post-closure inspection, maintenance and monitoring, and end use. The plan shall include but not be limited to the following information:
- (a) a plan showing *Site* appearance after closure;
  - (b) a description of the proposed end use of the *Site*;
  - (c) a description of the procedures for closure of the *Site*, including:
    - (i) advance notification of the public of the landfill closure;
    - (ii) posting of a sign at the *Site* entrance indicating the landfill is closed and identifying any alternative waste disposal arrangements;
    - (iii) completion, inspection and maintenance of the final cover and landscaping;
    - (iv) *Site* security;
    - (v) removal of unnecessary landfill-related structures, buildings and facilities;
    - (vi) final construction of any control, treatment, disposal and monitoring facilities for leachate, groundwater, surface water and landfill gas; and
    - (vii) a schedule indicating the time-period for implementing sub-conditions (i) to (vi) above;
  - (d) descriptions of the procedures for post-closure care of the *Site*, including:

- (i) operation, inspection and maintenance of the control, treatment, disposal and monitoring facilities for leachate, groundwater, surface water and landfill gas;
  - (ii) record keeping and reporting; and
  - (iii) complaint contact and response procedures;
  - (e) an assessment of the adequacy of and need to implement the contingency plans for leachate and methane gas; and
  - (f) an updated estimate of the *contaminating life span* of the *Site*, based on the results of the monitoring programs to date.
- (2) The *Site* shall be closed in accordance with the closure plan as approved by the *Director*.

## 10. WASTE DIVERSION

- (1) The *Owner* shall ensure that:
- (a) all bins and waste storage areas are clearly labelled;
  - (b) all lids or doors on bins shall be kept closed during non-operating hours and during high wind events; and
  - (c) if necessary to prevent litter, waste storage areas shall be covered during high winds events.
- (2) The *Owner* shall only accept *Refrigerant Appliances* that have been tagged to indicate that the refrigerant has been removed by a licensed technician. The tag number shall be recorded in the log book and shall remain affixed to the appliance until transferred from the *Site*;
- (3) Propane cylinders shall be stored in a segregated area in a manner which prevents cylinders from being knocked over or cylinder valves from breaking.
- (4) The *Owner* shall transfer waste and recyclable materials from the *Site* as follows:
- (a) recyclable materials shall be transferred off-site once their storage bins are full;
  - (b) scrap metal shall be transferred off-site at least twice a year;
  - (c) tires shall be transferred off-site as soon as a load for the contractor hired by the *Owner* has accumulated or as soon as the accumulated volume exceeds the storage capacity of its bunker; and
  - (d) immediately, in the event that waste is creating an odour or vector problem.
- (5) The *Owner* shall notify the appropriate contractors that waste and recyclable wastes that are to be transferred off-site are ready for removal. Appropriate notice time, as determined by the contract shall be accommodated in the notification procedure.
- (6) Collection, storage and transfer of Waste Electrical and Electronic Equipment shall be in accordance with the guideline titled "Collection Site Organizing & Operating Waste Electrical and Electronic Equipment (WEEE) Guidebook" dated March 11, 2010 as amended prepared by Ontario Electronic Stewardship and the documents in Schedule "A", the guideline shall take precedence.

## **SCHEDULE "A"**

1. "Application for a Certificate of Approval for a Waste Disposal Site (Landfill)" dated May 8, 1981.
2. Report prepared by A.J. Graham Engineering Consultants Ltd. entitled "Environmental Considerations for Expansion of an Existing Sanitary Landfill Site, Township of Rear of Leeds and Lansdowne" dated March 30, 1981 (revised edition).
3. Letter dated April 13, 1982 from A.M. Landon, Clerk-Treasurer of the Township of Rear of Leeds and Lansdowne to P.R. Moore of the Ministry of the Environment.
4. Letter dated September 8, 1982 from A.M. Landon of the Township of Rear of Leeds and Lansdowne to P.R. Moore of the Ministry of the Environment.
5. Letter dated September 9, 2003 from Paula A. Formanek, Branch Manager, Trow Associates Inc. to Peter Taylor, Senior Environmental Officer, Ministry of the Environment, including the letter report Re: Subsurface Investigation, Briar Hill Landfill Site A442103.
6. Report titled "Township of Leeds and the Thousand Island, Briar Hill Waste Disposal Site ECA No. A442103, 2012, 2013 and 2014 Groundwater and Surface Water Monitoring Report" dated April 2015 prepared by .

*The reasons for the imposition of these terms and conditions are as follows:*

### **GENERAL**

- The reason for Conditions 1(1), (2), (4), (5), (6), (7), (8), (9), (10), (17), (18) and (19) is to clarify the legal rights and responsibilities of the *Owner* and *Operator* under this *Approval* .
- The reasons for Conditions 1(3) and 7(6) are to ensure that the *Site* is designed, operated, monitored and maintained in accordance with the application and supporting documentation submitted by the *Owner*, and not in a manner which the *Director* has not been asked to consider.
- The reasons for Condition 1(11) are to ensure that the *Site* is operated under the corporate name which appears on the application form submitted for this *approval* and to ensure that the *Director* is informed of any changes.
- The reasons for Condition 1(12) are to restrict potential transfer or encumbrance of the *Site* without the approval of the *Director* and to ensure that any transfer of encumbrance can be made only on the basis that it will not endanger compliance with this *Approval* .
- The reason for Condition 1(13) is to ensure that the successor is aware of its legal responsibilities.

- The reasons for Condition 1(14) and (15) are that the Part II.1 *Director* is an individual with authority pursuant to Section 197 of the Environmental Protection Act to require registration on title and provide any person with an interest in property before dealing with the property in any way to give a copy of the *Approval* to any person who will acquire an interest in the property as a result of the dealing.
- The reason for Condition 1(16) is to ensure that appropriate Ministry staff has ready access to the Site for inspection of facilities, equipment, practices and operations required by the conditions in this *Approval*. This Condition is supplementary to the powers of entry afforded a Provincial Officer pursuant to the *Act*, the *OWRA*, the *PA*, the *NMA* and the *SDWA*.
- Condition 1 (20) has been included in order to clarify what information may be subject to the *Freedom of Information Act*.

### **SITE OPERATION**

- The reasons for Conditions 2(1), 2(5) and 6(3) are to ensure that the *Site* is operated, inspected and maintained in an environmentally acceptable manner and does not result in a hazard or nuisance to the natural environment or any person.
- The reason for Conditions 2 (2), 2(3) and 2(4) is to ensure that users of the *Site* are fully aware of important information and restrictions related to *Site* operations and access under this *Approval*.
- The reasons for Conditions 2(6) (a) and (b) are open burning of municipal waste is unacceptable because of concerns with air emissions, smoke and other nuisance effects, and the potential fire hazard and to make sure burning of brush and wood are carried out in accordance with *Ministry* guidelines.
- The reasons for Condition 2(7), 2(8) and 2(9) are to specify the hours of operation for the landfill site and a mechanism for amendment of the hours of operation, as required.
- The reasons for Condition 2(10) and 2(11) are to ensure that the *Site* is supervised by properly trained staff in a manner which does not result in a hazard or nuisance to the natural environment or any person and to ensure the controlled access and integrity of the *Site* by preventing unauthorized access when the *Site* is closed and no site attendant is on duty.
- The reason for condition 2(12) is to ensure the stormwater within the *Site* is managed in a in a manner which does not result in a hazard or nuisance to the natural environment.

### **EMPLOYEE TRAINING**

- The reason for Condition 3(1) is to ensure that the *Site* is supervised and operated by properly trained staff in a manner which does not result in a hazard or nuisance to the natural environment or any person.

## **COMPLAINTS RESPONSE PROCEDURE**

- The reason for Condition 4(1) is to ensure that any complaints regarding landfill operations at this *Site* are responded to in a timely and efficient manner.

## **EMERGENCY RESPONSE**

- Conditions 5(1) and 5(2) are included to ensure that emergency situations are reported to the Ministry to ensure public health and safety and environmental protection.
- Conditions 5(3), 5(4) and 5(5) are included to ensure that emergency situations are handled in a manner to minimize the likelihood of an adverse effect and to ensure public health and safety and environmental protection.

## **RECORD KEEPING AND REPORTING**

- The reason for Conditions 6(1) and 6(2) is to ensure that accurate waste records are maintained to ensure compliance with the conditions in this *Approval* (such as fill rate, site capacity, record keeping, annual reporting, and financial assurance requirements), the *EPA* and its regulations.
- The reason for Conditions 6(4) and 6(5) is to ensure that detailed records of *Site* inspections are recorded and maintained for inspection and information purposes.
- The reasons for Conditions 6(6) and 6(7) are to ensure that regular review of site development, operations and monitoring data is documented and any possible improvements to site design, operations or monitoring programs are identified. An annual report is an important tool used in reviewing site activities and for determining the effectiveness of site design.

## **LANDFILL DESIGN AND DEVELOPMENT**

- The reason for Conditions 7(1) to 7(5) inclusive is to specify the approved areas from which waste may be accepted at the *Site* and the types and amounts of waste that may be accepted for disposal at the *Site*, based on the *Owner*'s application and supporting documentation.
- Condition 7(7) is to provide the *Owner* the process for getting the approval for alternative daily and intermediate cover material.
- The reasons for Condition 7(8) are to ensure that daily/weekly and intermediate cover are used to control potential nuisance effects, to facilitate vehicle access on the *Site*, and to ensure an acceptable site appearance is maintained. The proper closure of a landfill site requires the application of a final cover which is aesthetically pleasing, controls infiltration, and is suitable for the end use planned for the *Site*.

## **LANDFILL MONITORING**

- Reasons for Condition 8(1) are to ensure that off-site migration of landfill gas is monitored and all buildings at the *Site* are free of any landfill gas accumulation, which due to a methane gas component may be explosive and thus create a danger to any persons at the *Site*.
- Condition 8(2) is included to provide the groundwater and surface water limits to prevent water pollution at the *Site*.
- Conditions 8(3) and 8(4) are included to require the *Owner* to demonstrate that the *Site* is performing as designed and the impacts on the natural environment are acceptable. Regular monitoring allows for the analysis of trends over time and ensures that there is an early warning of potential problems so that any necessary remedial/contingency action can be taken.
- Conditions 8(5), 8(6) and 8(7) are included to ensure the integrity of the groundwater monitoring network so that accurate monitoring results are achieved and the natural environment is protected.
- Conditions 8(8) to 8(11) inclusive are added to ensure the *Owner* has a plan with an organized set of procedures for identifying and responding to potential issues relating to groundwater and surface water contamination at the *Site's* compliance point.
- Conditions 8(12), 8(13) and 8(14) are included to streamline the approval of the changes to the monitoring plan.

### **CLOSURE PLAN**

- The reasons for Condition 9 are to ensure that final closure of the *Site* is completed in an aesthetically pleasing manner, in accordance with Ministry standards, and to ensure the long-term protection of the health and safety of the public and the environment.

### **WASTE DIVERSION**

- Condition 10 is included to ensure that the recyclable materials are stored in their temporary storage location and transferred off-site in a manner as to minimize a likelihood of an adverse effect or a hazard to the natural environment or any person.

**Upon issuance of the environmental compliance approval, I hereby revoke Approval No(s). A442103 issued on September 27, 1982 and notices of amendment.**

*In accordance with Section 139 of the Environmental Protection Act, you may by written Notice served upon me and the Environmental Review Tribunal within 15 days after receipt of this Notice, require a hearing by the Tribunal. Section 142 of the Environmental Protection Act provides that the Notice requiring the hearing shall state:*

1. The portions of the environmental compliance approval or each term or condition in the environmental compliance approval in respect of which the hearing is required, and;



2. The grounds on which you intend to rely at the hearing in relation to each portion appealed.

*Pursuant to subsection 139(3) of the Environmental Protection Act, a hearing may not be required with respect to any terms and conditions in this environmental compliance approval, if the terms and conditions are substantially the same as those contained in an approval that is amended or revoked by this environmental compliance approval.*

*The Notice should also include:*

3. The name of the appellant;
4. The address of the appellant;
5. The environmental compliance approval number;
6. The date of the environmental compliance approval;
7. The name of the Director, and;
8. The municipality or municipalities within which the project is to be engaged in.

*And the Notice should be signed and dated by the appellant.*

*This Notice must be served upon:*

The Secretary\*  
Environmental Review Tribunal  
655 Bay Street, Suite 1500  
Toronto, Ontario  
M5G 1E5

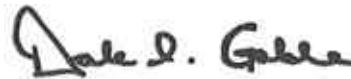
AND

The Director appointed for the purposes of Part II.1 of  
the Environmental Protection Act  
Ministry of the Environment and Climate Change  
135 St. Clair Avenue West, 1st Floor  
Toronto, Ontario  
M4V 1P5

**\* Further information on the Environmental Review Tribunal's requirements for an appeal can be obtained directly from the Tribunal at: Tel: (416) 212-6349, Fax: (416) 314-3717 or [www.ert.gov.on.ca](http://www.ert.gov.on.ca)**

*The above noted activity is approved under s.20.3 of Part II.1 of the Environmental Protection Act.*

DATED AT TORONTO this 20th day of August, 2015



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Dale Gable, P.Eng.

Director

appointed for the purposes of Part II.1 of the  
*Environmental Protection Act*

RM/

c: District Manager, MOECC Kingston - District

Appendix D  
Water Well Records



**CLUSTER WELL**  
**A034114**

**Instructions for Completing Form**

- For use in the **Province of Ontario** only. This document is a permanent **legal** document. Please retain for future reference.
- All Sections **must** be completed in full to avoid delays in processing. Further instructions and explanations are available on the back of this form.
- Questions regarding completing this application can be directed to the Water Well Management Coordinator at 416-235-6203.
- **All metre measurements shall be reported to 1/10<sup>th</sup> of a metre.**
- Please print clearly in blue or black ink only.

**Well Owner's Information and Location of Well Information**

Ministry Use Only											
MUN										CON	LOT

**LEEDS + GRENVILLE** **REAR OF LEEDS LANSDOWNE 18 11**

RR#/Street Number/Name City/Town/Village Site/Compartment/Block/Tract etc.

GPS Reading NAD Zone Easting Northing Unit Make/Model Mode of Operation:  Undifferentiated  Averaged  
 Differentiated, specify

813 18 407003 4932733 MAGELLAN

**Log of Overburden and Bedrock Materials (see instructions)**

General Colour	Most common material	Other Materials	General Description	Depth From	Metres To
BROWN	SAND	DEEP SCREEN SET	27.4 TO 24.4M	0	4.3
GREY/RED	GRANITE	SHALLOW SCREEN SET	15 TO 12M	4.3	15.2
RED	GRANITE			15.2	15.5
GREY/RED	GRANITE	BACK FILL MATERIAL		15.5	21.9
RED	GRANITE	27.7 TO 24.2 SAND		21.9	22.5
GREY	GRANITE	24.2 TO 15.5 BENTONITE		22.5	27.7
		15.5 TO 11.2 SAND			
		11.2 TO 2.4 BENTONITE			

**Hole Diameter**

Depth From	Metres To	Diameter Centimetres
0	4.8	25.4
4.8	27.7	15.25

**Water Record**

Water found at Metres / Kind of Water

27 m  Fresh  Sulphur  Gas  Salty  Minerals

Other:

After test of well yield, water was  Clear and sediment free  Other, specify

Chlorinated  Yes  No

**Construction Record**

Inside diam centimetres	Material	Wall thickness centimetres	Depth From	Metres To
15.8	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Fibreglass <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Galvanized	.48	0	4.8

**Casing**

Steel  Fibreglass  Plastic  Concrete  Galvanized

**Screen**

Outside diam  Steel  Fibreglass  Plastic  Concrete  Galvanized

Slot No.

**No Casing or Screen**

Open hole

4.8 27.7

**Test of Well Yield**

Pumping test method	Draw Down		Recovery	
	Time min	Water Level Metres	Time min	Water Level Metres
Pump intake set at - (metres)	Static Level			
Pumping rate - (litres/min)	1		1	
Duration of pumping _____ hrs + _____ min	20		2	
Final water level end of pumping _____ metres	3		3	
Recommended pump type <input type="checkbox"/> Shallow <input type="checkbox"/> Deep	4		4	
Recommended pump depth _____ metres	5		5	
Recommended pump rate (litres/min)	10		10	
If flowing give rate - (litres/min)	15		15	
If pumping discontinued, give reason.	20		20	
	25		25	
	30		30	
	40		40	
	50		50	
	60		60	

**Plugging and Sealing Record**  Annular space  Abandonment

Depth set at - Metres From	To	Material and type (bentonite slurry, neat cement slurry) etc.	Volume Placed (cubic metres)
4.8	0	CEMENT SLURRY	.2

**Method of Construction**

Cable Tool  Rotary (air)  Diamond  Digging  Rotary (conventional)  Air percussion  Jetting  Other  Rotary (reverse)  Boring  Driving

**Water Use**

Domestic  Industrial  Public Supply  Other  Stock  Commercial  Not used  Monitor  Irrigation  Municipal  Cooling & air conditioning

**Final Status of Well**

Water Supply  Recharge well  Unfinished  Abandoned, (Other)  Observation well  Abandoned, insufficient supply  Dewatering  Monitor  Test Hole  Abandoned, poor quality  Replacement well

**Location of Well**

In diagram below show distances of well from road, lot line, and building. Indicate north by arrow.

**BRIAR Hill R.O.**

Audit No. **Z 37624** Date Well Completed **06 3 15**

Was the well owner's information package delivered?  Yes  No Date Delivered **06 3 15**

**Well Contractor/Technician Information**

Name of Well Contractor **JACK KNOX WELL DRILLING** Well Contractor's Licence No. **3202**

Business Address (street name, number, city etc.) **GLENBURNIE**

Name of Well Technician (last name, first name) **KNOX JOHN** Well Technician's Licence No. **2879**

Signature of Technician/Contractor **Ron Knox** Date Submitted **06 03 15**

**Ministry Use Only**

Data Source Contractor **3202**

Date Received **APR 11 2006** Date of Inspection **06 03 15**

Remarks

Well Record Number





Ministry of the Environment

15-0097-60

Well Record for Well Cluster - Part 1 of 3 (Only for Multiple Test Holes or Dewatering Wells) Regulation 903 Ontario Water Resources Act

Well Tag No. of Deepest Well: (Print Well Tag No.) A175282 Well # on Drawing of Deepest Well: 1

All measurements recorded in: Metric Imperial

Follow instructions on the front and back of this form. Print or Type

Page 1 of 3

Well Cluster Location Information: Address of Well Location (Street Number(s)/Name(s), RR, if available) P Kdl Rd S / 530 Eden Grove Rd Lot(s) 11 & 12 Concession(s) 2 Geographic Township Leeds of the 100 Islands County/District/Upper Tier Municipality Leeds of Grenville United City, Town, Village or Hamlet Lansdowne Province Ontario GPS Unit Make Model Unit Mode of Operation Undifferentiated Averaged

Mandatory Attachments/Additional Information: Land Owner Consent Form must be attached. Detailed Drawing of All Well Locations must be attached. I, the person constructing the well, will promptly submit to the Director, on request, any additional information in my custody or control related to any well in the well cluster that I have constructed. Signature of Technician/Contractor Date (yyyy/mm/dd)

Well Details table with columns: Well # on Drawing, UTM Coordinates (Zone, Easting, Northing), Hole Depth (m/ft), Hole Diameter (cm/in), Method of Construction, Casing Material; Diameter (cm/in), Casing (m/ft) From/To, Screen Interval (m/ft) From/To, Annular Space Material (m/ft) From/To, Material, Overburden/Bedrock or Abandonment Filing Material Intervals (m/ft), Static Water Level (m/ft), Date of Completion (yyyy/mm/dd). Contains two rows of data.

Driller and Well Technician Information: Well Contractor Name: M Drilling Inc, Business Address: 25C Lewis Rd, Municipality: Guelph, Province: ON, Business Telephone No: 519-826-9340, Well Contractor's Licence No: 7238, Business E-mail Address: info@cardvarkdrillinginc.com, Well Technician's Licence No: 3591, Signature of Well Technician, Date Submitted: 2015/10/01

Date First Well in Cluster Constructed or Abandoned (yyyy/mm/dd): 2015/09/21, Date Last Well in Cluster Completed (yyyy/mm/dd): 2015/09/21, Well Abandonment: Person Abandoning the Wells: Name (Print or Type) - See instruction 11 on the back of this form

Ministry Use Only: Date Received (yyyy/mm/dd), Audit No. C24077, Comments:



Ontario

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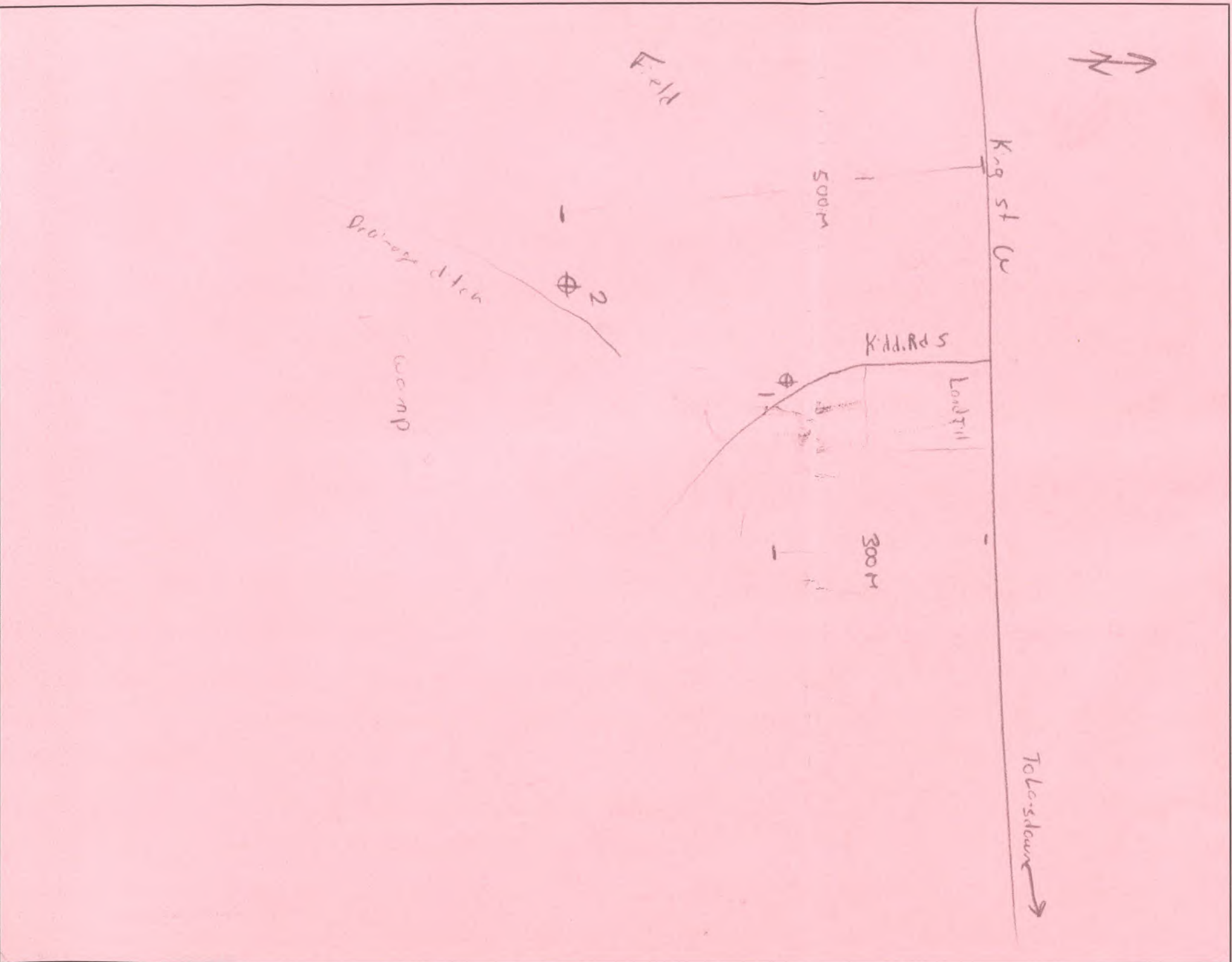
Well Record for Well Cluster  
Detailed Drawing of All Wells

Note: This Well Record for Well Cluster Part 3 - Detailed Drawing of all Well Locations, must be attached to Parts 1 and 2. The drawing must include all property boundaries, an arrow indicating the North direction, all named roads and sufficient measurements to locate all wells in the cluster in relation to fixed points. The drawing must show the location of each well and each well must be numbered on the drawing to match number used for that well on the Well Record for Well Cluster Parts 1 and 2. The well with the well tag must be clearly identified on the Drawing.

UTM coordinates should appear beside each well, if space permits. Additional comments on wells can be included on the drawing

Well Tag Number: # A175282

"Well Record for Well Cluster" Form Audit Number: # C24077





Well Record for Well Cluster - Part 1 of 3 (Only for Multiple Test Holes or Dewatering Wells) Regulation 903 Ontario Water Resources Act

All measurements recorded in:  Metric  Imperial

Well Tag No. of Deepest Well: (Print Well Tag No.) A175281 Well # on Drawing of Deepest Well: 3

Follow instructions on the front and back of this form. Print or Type

Well Cluster Location Information: Address of Well Location (Street Number(s)/Name(s), RR, if available) 227 Escott Rockport Rd, Lot(s) 889, Concession(s) Broken Front, Geographic Township Leeds & the 1000 Islands, County/District/Upper Tier Municipality Leeds & Grenville United, City, Town, Village or Hamlet Mallorytown, Province Ontario, GPS Unit Make, Model, Unit Mode of Operation.

Mandatory Attachments/Additional Information: [X] Land Owner Consent Form must be attached. [X] Detailed Drawing of All Well Locations must be attached. I, the person constructing the well, will promptly submit to the Director, on request, any additional information in my custody or control related to any well in the well cluster that I have constructed. Signature of Technician/Contractor, Date (yyyy/mm/dd)

Well Details table with columns: Well # on Drawing, UTM Coordinates (Zone, Easting, Northing), Hole Depth (m/ft), Hole Diameter (cm/in), Method of Construction, Casing Material; Diameter (cm/in), Casing (m/ft) (From, To), Screen Interval (m/ft) (From, To), Annular Space Material (m/ft) (From, To, Material), Overburden/Bedrock or Abandonment Filing Material Intervals (m/ft), Static Water Level (m/ft), Date of Completion (yyyy/mm/dd). Rows 1-3 contain data for wells 1, 2, and 3.

Well Contractor and Well Technician Information: Business Name of Well Contractor Aardvark Drilling Inc, Business Address (Street Number/Name, RR) 25C Lewis Rd, Municipality Guelph, Province ON, Postal Code N1H1E9, Bus. Telephone No. (519) 826-9340, Well Contractor's Licence No. 7238, Business E-mail Address info@aardvarkdrillinginc.com, Name of Well Technician (First Name, Last Name) Kyle Smith, Well Technician's Licence No. 3591, Signature of Well Technician, Date Submitted (yyyy/mm/dd) 2015/10/15.

Date First Well in Cluster Constructed or Abandoned (yyyy/mm/dd) 2015/09/09, Date Last Well in Cluster Completed (yyyy/mm/dd) 2015/09/10, Ministry Use Only: Date Received (yyyy/mm/dd), Audit No. C24074, Well Abandonment: Person Abandoning the Wells: Name (Print or Type) - See instruction 11 on the back of this form.





Ontario

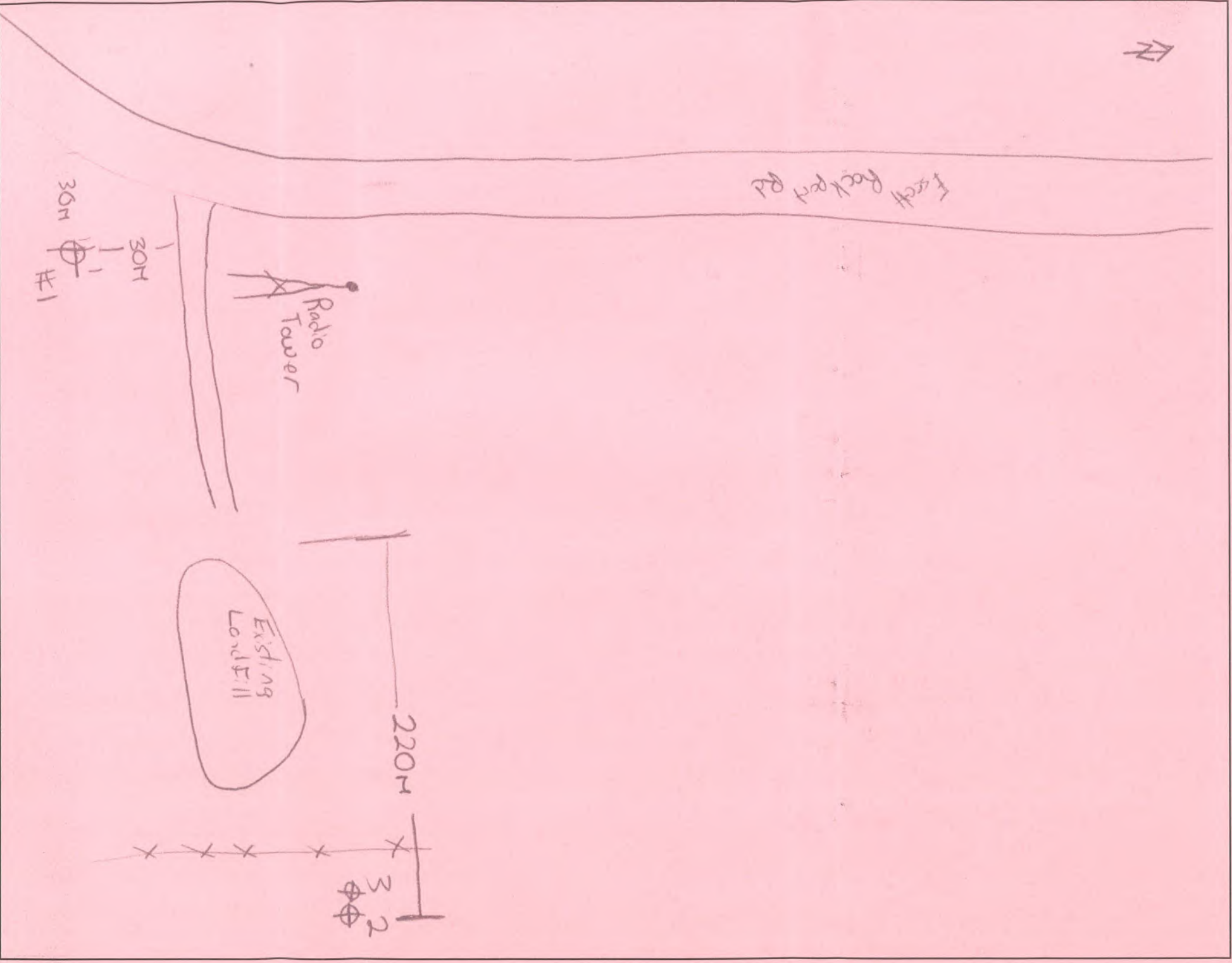
Ministry of the Environment

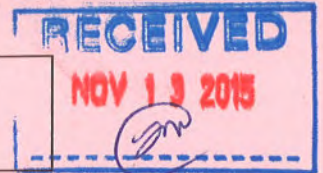
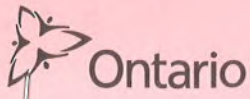
Well Record for Well Cluster - Part 3  
Detailed Drawing of All Well Locations

Note: This Well Record for Well Cluster Part 3 - Detailed Drawing of all Well Locations, must be attached to Parts 1 and 2. The drawing must include all property boundaries, an arrow indicating the North direction, all named roads and sufficient measurements to locate all wells in the cluster in relation to fixed points. The drawing must show the location of each well and each well must be numbered on the drawing to match number used for that well on the Well Record for Well Cluster Parts 1 and 2. The well with the well tag must be clearly identified on the Drawing.  
UTM coordinates should appear beside each well, if space permits. Additional comments on wells can be included on the drawing

Well Tag Number: # A175 291

"Well Record for Well Cluster" Form Audit Number: # C 24074





Well Record for Well Cluster - Part 1 of 3 (Only for Multiple Test Holes or Dewatering Wells) Regulation 903 Ontario Water Resources Act

Well Tag No. of Deepest Well: (Print Well Tag No.) A175280
Well # on Drawing of Deepest Well: 3

All measurements recorded in: Metric Imperial

Follow instructions on the front and back of this form. Print or Type

Well Cluster Location Information
Address of Well Location (Street Number(s)/Name(s), RR, if available) 91 La Rue Mills Rd
City, Town, Village or Hamlet Malboroughtown
Province Ontario
GPS Unit Make Garmin
Geographic Township Escott / The Thousand Islands
County/District/Upper Tier Municipality United Counties of Leeds & The Thousand Islands

Mandatory Attachments/Additional Information
[X] Land Owner Consent Form must be attached.
[X] Detailed Drawing of All Well Locations must be attached.
I, the person constructing the well, will promptly submit to the Director, on request, any additional information in my custody or control related to any well in the well cluster that I have constructed.

Well Details

Table with columns: Well # on Drawing, UTM Coordinates (Zone, Easting, Northing), Hole Depth (m/ft), Hole Diameter (cm/in), Method of Construction, Casing Material; Diameter (cm/in), Casing (m/ft) From/To, Screen Interval (m/ft) From/To, Annular Space Material (m/ft) From/To, Material, Overburden/Bedrock or Abandonment Filing Material Intervals (m/ft), Static Water Level (m/ft), Date of Completion (yyyy/mm/dd). Rows 1-4 contain data for wells 1, 2, 3, and 4.

Well Contractor and Well Technician Information
Business Name of Well Contractor: Ardvaik Drilling Inc.
Business Address: 25C Lewis Rd, Guelph, ON
Well Contractor's Licence No.: 7238
Business E-mail Address: info@ardvaikdrillinginc.com
Name of Well Technician: Kyle Smith
Well Technician's Licence No.: 3591
Date Submitted: 2015/09/28

Date First Well in Cluster Constructed or Abandoned (yyyy/mm/dd): 2015/09/08
Date Last Well in Cluster Completed (yyyy/mm/dd): 2015/09/08
Ministry Use Only: Date Received (yyyy/mm/dd), Audit No. C24075
Well Abandonment: Person Abandoning the Wells, Name (Print or Type) - See instruction 11 on the back of this form



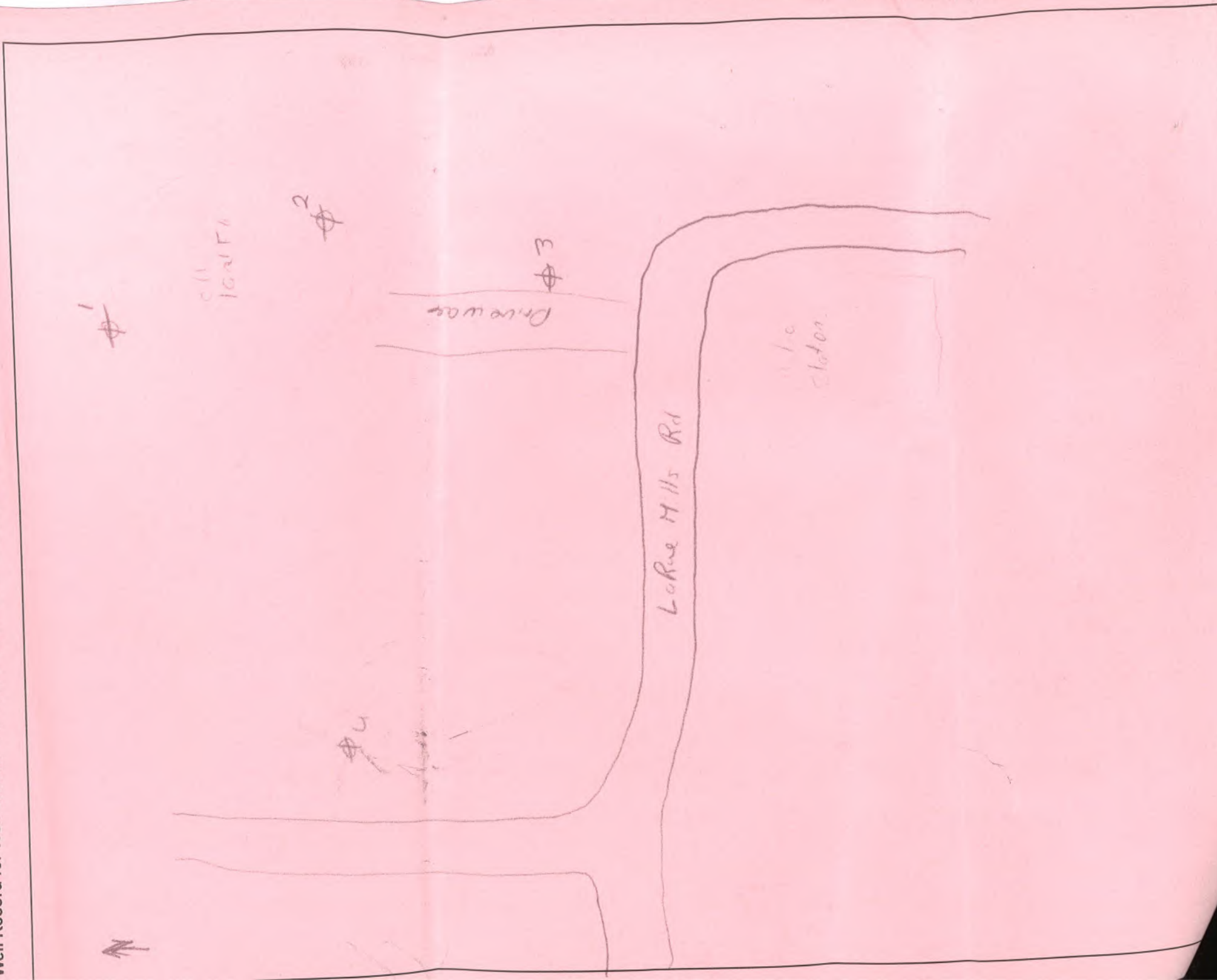
# Well Record for Well Cluster - Part 3 of 3 Detailed Drawing of All Well Locations

**Note:** This Well Record for Well Cluster Part 3 - Detailed Drawing of all Well Locations, must be attached to Parts 1 and 2. The drawing must include all property boundaries, an arrow indicating the North direction, all named roads and sufficient measurements to locate all wells in the cluster in relation to fixed points. The drawing must show the location of each well and each well must be numbered on the drawing to match number used for that well on the Well Record for Well Cluster Parts 1 and 2. The well with the well tag must be clearly identified on the Drawing.

JTM coordinates should appear beside each well, if space permits. Additional comments on wells can be included on the drawing

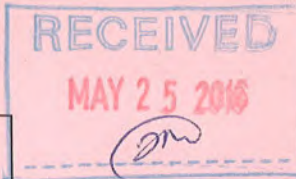
Well Tag Number: # A175280

Well Record for Well Cluster" Form Audit Number: # C24075





Ministry of the Environment



16-0021-00

Well Record for Well Cluster - Part 1 of 3 (Only for Multiple Test Holes or Dewatering Wells) Regulation 903 Ontario Water Resources Act

Well Tag No. of Deepest Well: (Print Well Tag No.)
Well # on Drawing of Deepest Well: MW-2

All measurements recorded in: Metric Imperial

Follow instructions on the front and back of this form. Print or Type

Page 1 of 1

Well Cluster Location Information
Address of Well Location (Street Number(s)/Name(s), RR, if available)
City, Town, Village or Hamlet
Province
GPS Unit Make
Model
Unit Mode of Operation

Mandatory Attachments/Additional Information
Land Owner Consent Form must be attached.
Detailed Drawing of All Well Locations must be attached.
I, the person constructing the well, will promptly submit to the Director, on request, any additional information in my custody or control related to any well in the well cluster that I have constructed.

Well Details table with columns: Well # on Drawing, UTM Coordinates, Hole Depth, Hole Diameter, Method of Construction, Casing Material; Diameter, Casing (m/ft), Screen Interval (m/ft), Annular Space Material (m/ft), Overburden/Bedrock or Abandonment Filing Material Intervals (m/ft), Static Water Level (m/ft), Date of Completion (yyyy/mm/dd)

Well Contractor and Well Technician Information
Business Name of Well Contractor
Business Address (Street Number/Name, RR)
Municipality
Province
Postal Code
Bus. Telephone No.
Well Contractor's Licence No.
Business E-mail Address
Name of Well Technician (First Name, Last Name)
Well Technician's Licence No.
Signature of Well Technician
Date Submitted (yyyy/mm/dd)

Date First Well in Cluster Constructed or Abandoned (yyyy/mm/dd)
Date Last Well in Cluster Completed (yyyy/mm/dd)
Well Abandonment
Person Abandoning the Wells:
Name (Print or Type) - See instruction 11 on the back of this form

Ministry Use Only
Date Received (yyyy/mm/dd)
Audit No.
Comments:

Well Owner's Copy

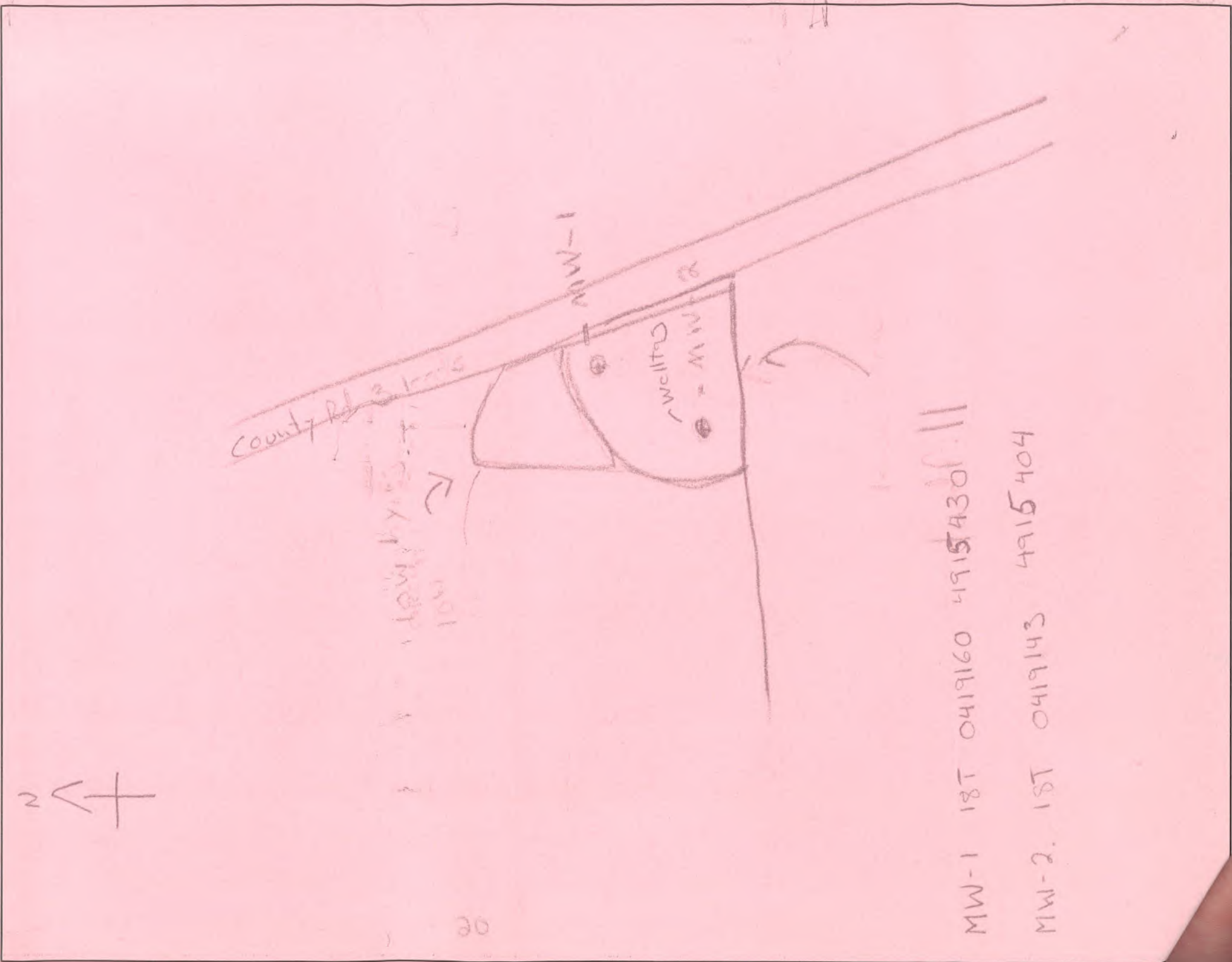
**Well Record for Well Cluster - Part 3 of 3**  
**Detailed Drawing of All Well Locations**

**Note:** This Well Record for Well Cluster Part 3 - Detailed Drawing of all Well Locations, must be attached to Parts 1 and 2. The drawing must include all property boundaries, an arrow indicating the North direction, all named roads and sufficient measurements to locate all wells in the cluster in relation to fixed points. The drawing must show the location of each well and each well must be numbered on the drawing to match number used for that well on the Well Record for Well Cluster Parts 1 and 2. The well with the well tag must be clearly identified on the Drawing.

UTM coordinates should appear beside each well, if space permits. Additional comments on wells can be included on the drawing

Well Tag Number: # A 175197

"Well Record for Well Cluster" Form Audit Number: # C24081



MW-1 18T 0419160 49154306.11

MW-2. 18T 0419143 4915404



Ministry of the Environment

15-0099-00

# Well Record for Well Cluster - Part 1 of 3

(Only for Multiple Test Holes or Dewatering Wells)  
Regulation 903 Ontario Water Resources Act

All measurements recorded in:  Metric  Imperial

Follow instructions on the front and back of this form. Print or Type

Well Tag No. of Deepest Well: (Print Well Tag No.)  
**A175283**  
Well # on Drawing of Deepest Well:

Page 1 of 3

### Well Cluster Location Information

Address of Well Location (Street Number(s)/Name(s), RR, if available) <b>Brier Hill &amp; Turk Rock Rd.</b>		Lot(s) <b>17 &amp; 18</b>	Concession(s) <b>11</b>	Geographic Township <b>Leeds &amp; 1000 Islands</b>		County/District/Upper Tier Municipality <b>Leeds &amp; Grenville (United)</b>
City, Town, Village or Hamlet <b>Brier Hill / Lyndhuist</b>		Province <b>Ontario</b>	GPS Unit Make	Model	Unit Mode of Operation <input type="checkbox"/> Undifferentiated <input type="checkbox"/> Averaged <input type="checkbox"/> Differentiated, specify: _____	

### Mandatory Attachments/Additional Information

Land Owner Consent Form must be attached.  
 Detailed Drawing of All Well Locations must be attached.

I, the person constructing the well, will promptly submit to the Director, on request, any additional information in my custody or control related to any well in the well cluster that I have constructed.

Signature of Technician/Contractor \_\_\_\_\_ Date (yyyy/mm/dd) \_\_\_\_\_

### Well Details

Well # on Drawing	UTM Coordinates		Hole Depth (m/ft)	Hole Diameter (cm/in)	Method of Construction	Casing Material; Diameter (cm/in)	Casing (m/ft)		Screen Interval (m/ft)		Annular Space Material (m/ft)			Overburden/Bedrock or Abandonment Filing Material Intervals (m/ft)	Static Water Level (m/ft)	Date of Completion (yyyy/mm/dd)
	Zone	Eastings					Northings	From	To	From	To	From	To			
1	18	406929	4933106	17	8'	H.S.A.	Plastic	0	12	12	17					
2	18	406728	4933177	30	8'		2	0	25	25	30					2015/09/23
3	18	406724	4933179	12.5	8			0	7.5	7.5	12.5					
4	18	406622	4933226	15				0	10	10	15					
5	18	406670	4932992	15				0	10	10	15					
6	18	406685	4932751	20				0	15	15	20					2014/09/23
7	18	406704	4932919	20				0	15	15	20					
8	18	406818	4932922	40				0	35	35	40					
9	18	406946	4933206	12				0	7	7	12					2015/09/24
10	18	406994	4933223	12				0	7	7	12					

### Well Contractor and Well Technician Information

Business Name of Well Contractor <b>Aardvaik Drilling Inc</b>		Business Address (Street Number/Name, RR) <b>25C Lewis Rd</b>		Municipality <b>Guelph</b>	Province <b>ON</b>
Postal Code <b>N1H1E9</b>	Bus. Telephone No. <b>(519) 826 9340</b>	Well Contractor's Licence No. <b>7238</b>	Business E-mail Address <b>info@aaardvaikdrillinginc.com</b>		
Name of Well Technician (First Name, Last Name) <b>Kyle Smith</b>		Well Technician's Licence No. <b>3591</b>	Signature of Well Technician <b>[Signature]</b>	Date Submitted (yyyy/mm/dd) <b>2015/10/01</b>	

Date First Well in Cluster Constructed or Abandoned (yyyy/mm/dd) <b>2015/09/22</b>	Date Last Well in Cluster Completed (yyyy/mm/dd) <b>2015/09/24</b>
---	---

### Ministry Use Only

Date Received (yyyy/mm/dd) \_\_\_\_\_ Audit No. **C 24076**

Comments: \_\_\_\_\_

### Well Abandonment

Person Abandoning the Wells:  
Name \_\_\_\_\_  
(Print or Type) - See instruction 11 on the back of this form



Ontario

Ministry of  
the Environment

Well Record for Well Cluster - Part 3  
Detailed Drawing of All Well Locations

15-099-03

Note: This Well Record for Well Cluster Part 3 - Detailed Drawing of all Well Locations, must be attached to Parts 1 and 2. The drawing must include all property boundaries, an arrow indicating the North direction, all named roads and sufficient measurements to locate all wells in the cluster in relation to fixed points. The drawing must show the location of each well and each well must be numbered on the drawing to match number used for that well on the Well Record for Well Cluster Parts 1 and 2. The well with the well tag must be clearly identified on the Drawing.  
UTM coordinates should appear beside each well, if space permits. Additional comments on wells can be included on the drawing

Well Tag Number: # A175 283

"Well Record for Well Cluster" Form Audit Number: # C24076







Print only in spaces provided.  
Mark correct box with a checkmark, where applicable.

11

3615993

Municipality: 36017  
Con: KON

**LEEDS**

County or District: Merriamville & Wolfords  
 Township/Borough/City/Town/Village: LEEDS and the Township of Thousand Is.  
 Con block tract survey, etc.: 11 Lot: 18  
 Owner's surname: Township of Leeds First Name: \_\_\_\_\_  
 Address of Well Location: Brien Hill dump Date completed: 28 10 31 03  
 day month year

Zone Easting Northing RC Elevation RC Basin Code ii iii iv

**LOG OF OVERBURDEN AND BEDROCK MATERIALS (see instructions)**

General colour	Most common material	Other materials	General description	Depth - feet	
				From	To
		2" Well ABANDONMENT			

31 \_\_\_\_\_  
32 \_\_\_\_\_

**41 WATER RECORD**

Water found at - feet	Kind of water					
10-13	<input checked="" type="checkbox"/> Fresh	<input type="checkbox"/> Salty	<input type="checkbox"/> Sulphur	<input type="checkbox"/> Minerals	<input type="checkbox"/> Gas	<input type="checkbox"/> Other
15-15	<input type="checkbox"/> Fresh	<input type="checkbox"/> Salty	<input type="checkbox"/> Sulphur	<input type="checkbox"/> Minerals	<input type="checkbox"/> Gas	<input type="checkbox"/> Other
20-23	<input type="checkbox"/> Fresh	<input type="checkbox"/> Salty	<input type="checkbox"/> Sulphur	<input type="checkbox"/> Minerals	<input type="checkbox"/> Gas	<input type="checkbox"/> Other
25-28	<input type="checkbox"/> Fresh	<input type="checkbox"/> Salty	<input type="checkbox"/> Sulphur	<input type="checkbox"/> Minerals	<input type="checkbox"/> Gas	<input type="checkbox"/> Other
30-33	<input type="checkbox"/> Fresh	<input type="checkbox"/> Salty	<input type="checkbox"/> Sulphur	<input type="checkbox"/> Minerals	<input type="checkbox"/> Gas	<input type="checkbox"/> Other

**51 CASING & OPEN HOLE RECORD**

Inside diam inches	Material	Wall thickness inches	Depth - feet	
			From	To
2	<input checked="" type="checkbox"/> Steel	1/4	0	31
17-18	<input type="checkbox"/> Steel			20-23
24-25	<input type="checkbox"/> Steel			27-30

**54 SCREEN**

Sizes of opening (Slot No.)	Diameter inches	Length feet

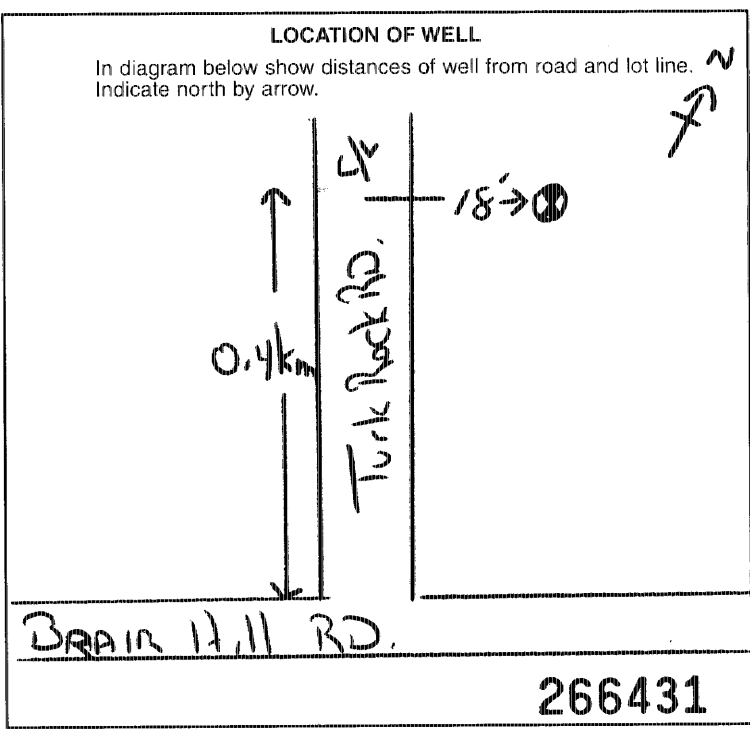
Material and type: \_\_\_\_\_  
Depth at top of screen: \_\_\_\_\_

**61 PLUGGING & SEALING RECORD**

Depth set at - feet		Material and type (Cement grout, bentonite, etc.)
From	To	
0	31	Bentonite
18-21	22-25	
26-29	30-33	

**71 PUMPING TEST**

Pumping test method	Pumping rate GPM	Duration of pumping
<input type="checkbox"/> Pump <input type="checkbox"/> Bailer		Hours: _____ Mins: _____
Static level	Water level end of pumping	Water levels during
19-21	22-24	15 minutes 26-28 30 minutes 29-31 45 minutes 32-34 60 minutes 35-37
feet	feet	feet
If flowing give rate	Pump intake set at	Water at end of test
GPM	feet	<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy
Recommended pump type	Recommended pump setting	Recommended pump rate
<input type="checkbox"/> Shallow <input type="checkbox"/> Deep	feet	GPM



**54 FINAL STATUS OF WELL**

<input type="checkbox"/> Water supply	<input type="checkbox"/> Abandoned, insufficient supply	<input type="checkbox"/> Unfinished
<input type="checkbox"/> Observation well	<input type="checkbox"/> Abandoned, poor quality	<input type="checkbox"/> Replacement well
<input type="checkbox"/> Test hole	<input checked="" type="checkbox"/> Abandoned (Other)	
<input type="checkbox"/> Recharge well	<input type="checkbox"/> Dewatering	

**55-56 WATER USE**

<input type="checkbox"/> Domestic	<input type="checkbox"/> Commercial	<input checked="" type="checkbox"/> Not use
<input type="checkbox"/> Stock	<input type="checkbox"/> Municipal	<input type="checkbox"/> Other
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Public supply	
<input type="checkbox"/> Industrial	<input type="checkbox"/> Cooling & air conditioning	

**57 METHOD OF CONSTRUCTION**

<input type="checkbox"/> Cable tool	<input type="checkbox"/> Air percussion	<input type="checkbox"/> Driving
<input type="checkbox"/> Rotary (conventional)	<input type="checkbox"/> Boring	<input type="checkbox"/> Digging
<input type="checkbox"/> Rotary (reverse)	<input type="checkbox"/> Diamond	<input type="checkbox"/> Other
<input type="checkbox"/> Rotary (air)	<input type="checkbox"/> Jetting	

Name of Well Contractor: G.E.T. Drilling LTD. Well Contractor's Licence No.: 7085  
 Address: RR6 Napanee  
 Name of Well Technician: Jim Harrison Well Technician's Licence No.: T-2251  
 Signature of Technician/Contractor: \_\_\_\_\_ Submission date: 29 10 03  
 day mo yr

**MINISTRY USE ONLY**

Data source	Contractor	Date received
	<u>7085</u>	<u>NOV 07 2003</u>
Date of inspection	Inspector	
Remarks		

**Master Well Owner's and Land Owner's Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Township of Leeds on the 1000 Island

Mailing Address (Street Number/Name, RR): 1 JESSIE ST. Municipality: Lonsdowne Province: ON Postal Code: K0E1L0G Telephone No. (inc. area code): 6136592415

**Location and Construction of the Master Well in the Cluster**

Address of Well Location (Street Number/Name, RR): 102-114 Turk Rock RD Township: Leeds on the 1000 Island Lot: 18 Concession: 2

County/District/Municipality: Leeds and Grenville County City/Town/Village: Brier Hill Province: Ontario Postal Code: K0E1L0G

UTM Coordinates: Zone: 18 Easting: 406914 Northing: 4933272 GPS Unit Make: Garmin Model: maps3 Mode of Operation:  Undifferentiated  Averaged  Differentiated, specify \_\_\_\_\_

**Overburden and Bedrock Materials (see instructions on the back of this form)**

General Colour	Most Common Material	Other Materials	General Description	Depth (Metres)	
				From	To
Grey	clay	s.H		0	3.04
Grey	Sand	s.H		3.04	5.18
Grey	clay	s.H		5.18	6.09

**Hole Details**

Depth (Metres)	Diameter (Centimetres)	
	From	To
0	6.09	15.24 cm

**Water Use**

Public  Industrial  Not used  Other, specify \_\_\_\_\_

Domestic  Commercial  Dewatering

Livestock  Municipal  Monitoring

Irrigation  Test Hole  Cooling & Air Conditioning

**Method of Construction**

Cable Tool  Air Percussion  Digging

Rotary (Conventional)  Diamond  Boring

Rotary (Reverse)  Jetting  Other, specify \_\_\_\_\_

Rotary (Air)  Driving

**Status of Well**

Test Hole  Abandoned, Insufficient Supply

Replacement Well  Abandoned, Poor Water Quality

Dewatering Well  Other, specify \_\_\_\_\_

Alteration (Construction)  Abandoned, other, specify \_\_\_\_\_

**No Casing and Screen Used**  Yes  No

**Static Water Level Test**  Yes  No M/A Metres

**Screen**

Galvanized  Steel  Fibreglass  Concrete  Plastic

Outside Diameter (Centimetres): 5.08 cm Slot No.: 0.10

**Water Details**

Water found at Depth: 3.05 Metres  Gas  Fresh  Salty  Sulphur  Minerals

Water found at Depth: \_\_\_\_\_ Metres  Gas  Fresh  Salty  Sulphur  Minerals

Water found at Depth: \_\_\_\_\_ Metres  Gas  Fresh  Salty  Sulphur  Minerals

Disinfected  Yes  No If no, provide reason: Test Hole Date Master Well Completed (yyyy/mm/dd): 2010 01 05

**Construction Details**

Inside Diameter (Centimetres)	Material (steel, plastic, fibreglass, concrete, galvanized)	Wall Thickness	Depth (Metres)	
			From	To
5.08	Plastic casing	5cm 40	0	3.96
5.08	Plastic Screen	3cm 40	3.96	6.09

**Annular Space/Abandonment Sealing Record**

Depth Set at (Metres)	Type of Sealant Used (Material and Type)	Volume Used (Cubic Metres)
0	Bentonite chips	
2.13	#3 Sand	

**Cluster Information (Please also fill out the additional Cluster Well Information for Well Construction for each parcel of land and cluster.)**

Total Wells in Cluster: 3 Please indicate Number of Cluster Well Information Log Sheets Submitted: one

Total Wells on this Property: ?

**Location of Well Cluster**

Detailed Map must be provided as an attachment no larger than legal size (8.5" x 14"). Sketches are not allowed.

Check box to confirm detailed map is provided as per Section 11.1 (3)

Consent to release additional information concerning the cluster to the Director upon request

**Well Contractor and Well Technician Information**

Business Name of Well Contractor: G.E.T. Drilling LTD Well Contractor's Licence No.: 710815

Business Address (Street No./Name, number, RR): 278 Drive in RD Municipality: Napanee

Province: ON Postal Code: K7R3L1 Business E-mail Address: get.drilling@sympatico.ca

Bus. Telephone No. (inc. area code): 6133544767 Name of Well Technician (Last Name, First Name): Turnbull, Mike

Well Technician's Licence No.: 3042 Signature of Technician: \_\_\_\_\_ Date Submitted (yyyy/mm/dd): 2010 01 20

Audit No.: M 02168 Well Contractor No.: \_\_\_\_\_

Date Received (yyyy/mm/dd): JAN 28 2010 Date of Inspection (yyyy/mm/dd): \_\_\_\_\_

Remarks: \_\_\_\_\_



Imagery Date: Jul 25, 2005

44°04'12.0" N 76°09'15.5" W elev 101 m

Imagery © 2005 DigitalGlobe  
© 2005 Google  
© 2005 Terra Atlas

Google  
Eye Alt: 53 m

Replacement:

WELL #2

Barn

WELL #1

House

WELL #3

Landfill

TUCK ROCK RD

RT

Location of Well Cluster  
TAG# A092272  
Brier Hill Landfill

JAN 28 2010

C-7085 m02168 C07462

3/3

Appendix E  
Site Photos



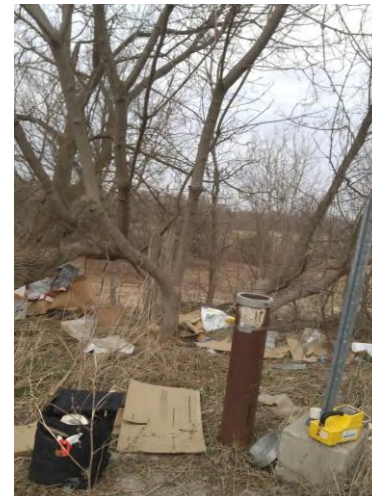
Surface Water Location: SW1  
13-Nov-2018



Surface Water Location: SW4  
13-Nov-2018



Surface Water Location: SW5  
13-Nov-2018



Well ID: BW1  
24-Apr-2018



Well ID: BW2 (s/d)  
25-Apr-2018



Well ID: L2  
24-Apr-2018



Well ID: L10 and L11  
13-Nov-2018



Well ID: OW1  
24-Apr-2018



Well ID: OW6 and OW6R1  
14-Nov-2018



Well ID: OW7 and OW7R1  
14-Nov-2018



Well ID: OW15s (front) and  
OW15d(back)  
24-Apr-2018



Well ID: OW17  
25-Apr-2018





Well ID: OW18  
25-Apr-2018



Well ID: OW19  
24-Apr-2018



Well ID: OW20  
25-Apr-2018



Well ID: OW22  
25-Apr-2018



Well ID: OW23  
14-Nov-2018



Well ID: OW24  
13-Nov-2018



Well ID: OW25  
14-Nov-2018



Front Entrance Signage  
13-Nov-2018



Cardboard and paper bins, and the attendant shed  
13-Nov-2018



View of organic bins  
13-Nov-2018



Organic bins, plastic and brush pile  
13-Nov-2018



Scrap metal bin and attendant shed  
13-Nov-2018



Active brush pile  
13-Nov-2018



Active waste filling area  
13-Nov-2018

Appendix F  
2018 Site Log Book

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: Jan 3 / 2018  
 Time: \_\_\_\_\_  
 Staff: \_\_\_\_\_

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

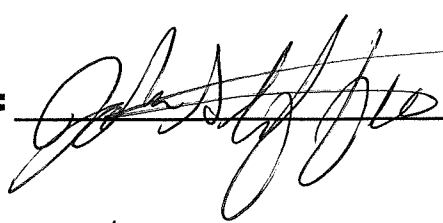
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: X

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: Jan 3 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 39

**AREA OF WASTE DISPOSAL**

All waste sent to active face: Yes / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / No Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / No Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

Yes / No

**COMPLAINTS RECEIVED**

Yes / No If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: Jan 4 / 2018

Time: 8:20

Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

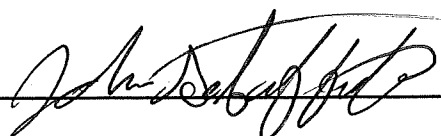
**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: 



**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
 BRIAR HILL WASTE DISPOSAL SITE  
 DAILY LOG BOOK FORM**

Date: Jan 4/2018  
 Staff: \_\_\_\_\_

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 62

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
 If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
 \_\_\_\_\_  
 \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: Jan 6 / 2017  
 Time: 8:30  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

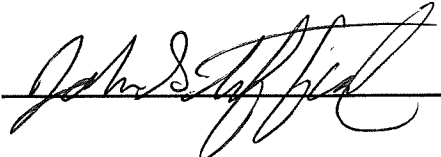
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: 

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
 BRIAR HILL WASTE DISPOSAL SITE  
 DAILY LOG BOOK FORM**

Date: Jan 6 / 2018  
 Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 104

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
 If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

Yes / ~~No~~

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
 \_\_\_\_\_  
 \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: JAN 8 / 2018  
 Time: 8:20  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

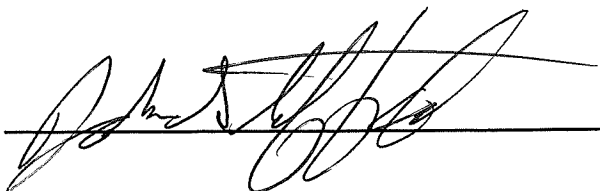
**REJECTED LOADS**


Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: 

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: JAN 8 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 24

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: JAN 10/2018  
 Time: 8:15  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

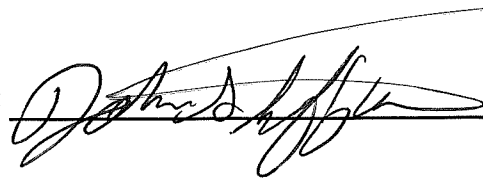
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: JAN 10 / 2018  
Staff: John Statten

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 59

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: Jan 11 / 2018  
 Time: 8:20  
 Staff: John Stallard

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

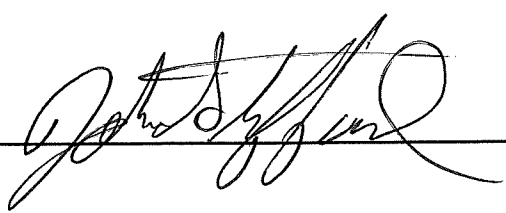
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number:



**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
 BRIAR HILL WASTE DISPOSAL SITE  
 DAILY LOG BOOK FORM**

Date: Jan 11, 2018  
 Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 37

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
 If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
 \_\_\_\_\_  
 \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: JAN 13 / 2018  
 Time: 8:35  
 Staff: John Stallord

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

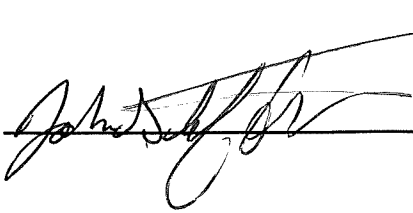
**REJECTED LOADS**


Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: 

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: Jan 13 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 47

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: JAN 15 / 2019  
 Time: 8:30  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / No <del>Yes</del>	_____
Windblown Litter:	Yes / No <del>Yes</del>	_____
Leachate Springs:	Yes / No <del>Yes</del>	_____
Animals:	Yes / No <del>Yes</del>	_____
Other:	Yes / No <del>Yes</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
 BRIAR HILL WASTE DISPOSAL SITE  
 DAILY LOG BOOK FORM**

Date: Jan 15 / 2018  
 Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 39

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
 If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
 \_\_\_\_\_  
 \_\_\_\_\_

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: Jan 17 / 2018  
 Time: 8:15  
 Staff: John Stallord

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

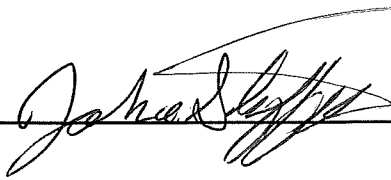
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number:

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
 BRIAR HILL WASTE DISPOSAL SITE  
 DAILY LOG BOOK FORM**

Date: Jan 17 / 2018  
 Staff: Johanna Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 44

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
 If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
 \_\_\_\_\_  
 \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: JAN 18 / 2018  
 Time: 8:20  
 Staff: John Staffor

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

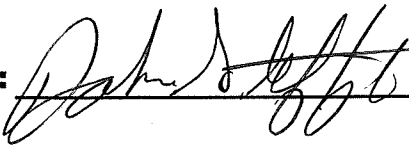
**REJECTED LOADS**

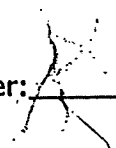
Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: 



**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: JAN 18 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 34

**AREA OF WASTE DISPOSAL**

All waste sent to active face: Yes / ~~No~~  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

Yes / ~~No~~

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: JAN 20 / 2018  
 Time: 9:30  
 Staff: John Caplan

**DEFICIENCIES OBSERVED**

	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

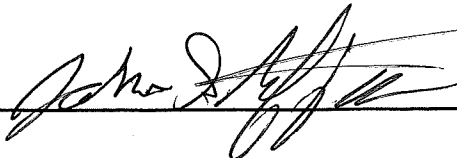
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: JAN 20 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 99

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: Jan 22/2018  
 Time: 8:25  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: JAN 22 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 32

**AREA OF WASTE DISPOSAL**

All waste sent to active face: Yes / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

Yes / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: JAN 24 / 2018  
 Time: 8:30  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

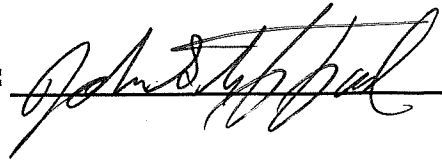
**REJECTED LOADS**


Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
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**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: 

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
 BRIAR HILL WASTE DISPOSAL SITE  
 DAILY LOG BOOK FORM**

Date: JAN 24 / 2018  
 Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 38

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
 If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
 \_\_\_\_\_  
 \_\_\_\_\_

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: JAN 25 / 2018  
 Time: 8:20  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
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**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number:



**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: JAN 25 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 33

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: JAN 27 / 2018  
 Time: 8:25  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
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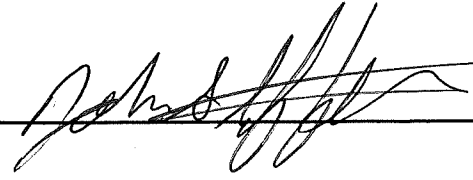
**REJECTED LOADS**


Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
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**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: 

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: JAN 27 / 2018  
Staff: John Stalkor

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 90

**AREA OF WASTE DISPOSAL**

All waste sent to active face: Yes / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / No Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / No Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

Yes / No

**COMPLAINTS RECEIVED**

Yes / No If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: JAN 29 / 2018  
 Time: 8:20  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
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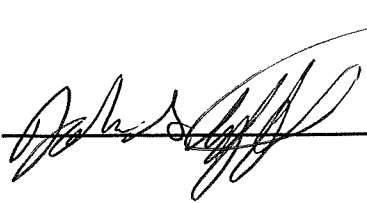
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
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 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: X

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: JAN 29/2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 40

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: JAN 31 / 2018  
 Time: 12:30  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

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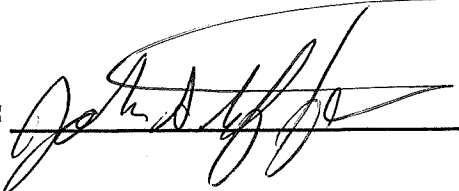
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

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 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: JAN 31 / 2018  
Staff: John Staddon

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 26

**AREA OF WASTE DISPOSAL**

All waste sent to active face: Yes / ~~No~~  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: Feb 1 / 2018  
 Time: 8:20  
 Staff: John Galloway

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

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 \_\_\_\_\_  
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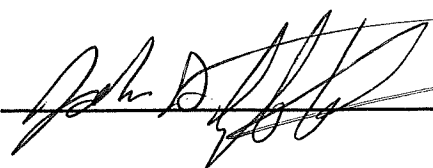
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
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**SIGNATURE**

Signature: 



**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: Feb 1 / 2018  
Staff: John Stallard

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 29

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: Feb 3 / 2018  
 Time: 4:45  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
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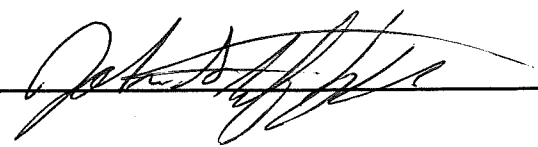
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number:

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: Feb 3 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 84

**AREA OF WASTE DISPOSAL**

All waste sent to active face: Yes / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / No Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / No Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

Yes / No

**COMPLAINTS RECEIVED**

Yes / No If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: Feb 5 / 2018  
 Time: 9:00  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
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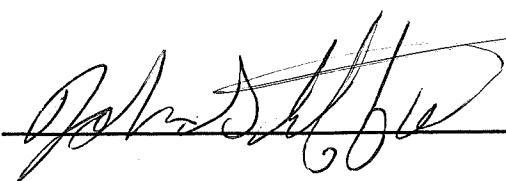
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: 

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: Feb 5 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 24

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: Feb 7 / 2018  
 Time: 4:30  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

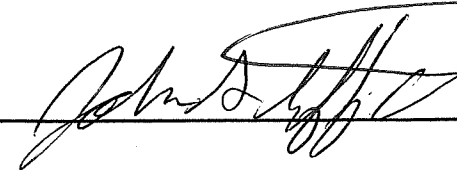
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: Feb 7/2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 19

**AREA OF WASTE DISPOSAL**

All waste sent to active face: Yes / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / No Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / No Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

Yes / No

**COMPLAINTS RECEIVED**

Yes / No If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: Feb 8 / 2018  
 Time: 8:15  
 Staff: John Staddon

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: 



**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: Feb 8 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 30

**AREA OF WASTE DISPOSAL**

All waste sent to active face: Yes / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / No Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / No Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

Yes / No

**COMPLAINTS RECEIVED**

Yes / No If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: Feb 10/2018  
 Time: 4:45  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: Feb 10/2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 60

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: Feb 12 / 2018  
 Time: 9:15  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REJECTED LOADS**

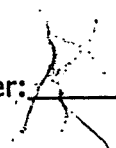
Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: 

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: Feb 12/2018  
Staff: John S Talbot

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 33

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: Feb 14 / 2018  
 Time: 8:15  
 Staff: John Staddon

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

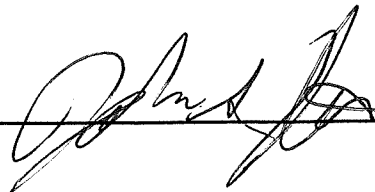
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number:

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
 BRIAR HILL WASTE DISPOSAL SITE  
 DAILY LOG BOOK FORM**

Date: Feb 14 / 2018  
 Staff: John Stathon

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 30

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
 If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
 \_\_\_\_\_  
 \_\_\_\_\_

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: Feb 15 / 2018

Time: 8:15

Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: 



**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: Feb 15 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 33

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: Feb 17/2018  
 Time: 4:45  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

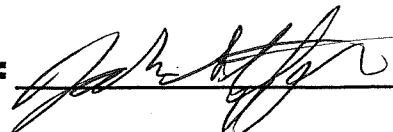
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number:   K

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
 BRIAR HILL WASTE DISPOSAL SITE  
 DAILY LOG BOOK FORM**

Date: Feb 17 / 2018  
 Staff: John Staffo

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 98

**AREA OF WASTE DISPOSAL**

All waste sent to active face:  Yes /  No  
 If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes /  No                      Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes /  No                      Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

Yes /  No

**COMPLAINTS RECEIVED**

Yes /  No                      If yes : complaint file number(s)  
 \_\_\_\_\_  
 \_\_\_\_\_

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_                      Reviewer: \_\_\_\_\_                      File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: Feb 21 / 2018  
 Time: 8:30  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

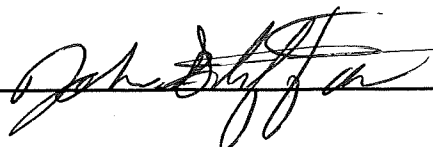
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number:

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
 BRIAR HILL WASTE DISPOSAL SITE  
 DAILY LOG BOOK FORM**

Date: Feb 21 / 2018  
 Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 36

**AREA OF WASTE DISPOSAL**

All waste sent to active face:  Yes /  No  
 If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes /  No      Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes /  No      Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

Yes /  No

**COMPLAINTS RECEIVED**

Yes /  No      If yes : complaint file number(s)  
 \_\_\_\_\_  
 \_\_\_\_\_

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_      Reviewer: \_\_\_\_\_      File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: Feb 22nd / 16  
 Time: 8:30 AM  
 Staff: Dustin Jackson

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	<del>Yes</del> / No	<u>Birds</u>
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: Dustin Jackson

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: Feb 22<sup>nd</sup> / 18  
 Staff: DUSTIN JACKSON

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 31

**AREA OF WASTE DISPOSAL**

All waste sent to active face:  Yes /  No  
 If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes /  No      Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes /  No      Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

Yes /  No

**COMPLAINTS RECEIVED**

Yes /  No      If yes : complaint file number(s)  
 \_\_\_\_\_  
 \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: Feb 24 / 2018  
 Time: 430  
 Staff: John Statton

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

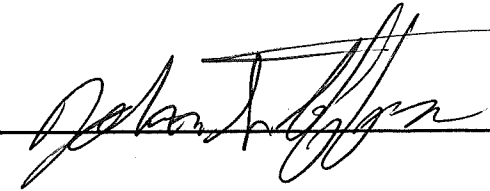
**REJECTED LOADS**


Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: 



**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: Feb 24 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 123

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: Feb 26/2019  
 Time: 8:20  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

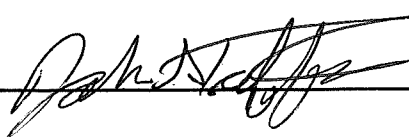
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number:

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: Feb 26 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 50

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

Yes / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: Feb 28 / 2018  
 Time: 4:30  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: 

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: Feb 28 / 2018  
Staff: John S Tafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 70

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: MAR 1 / 2018  
 Time: 8:20  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: 

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: Mar 1 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 49

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: MAR 3 / 2018  
 Time: 8:20  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

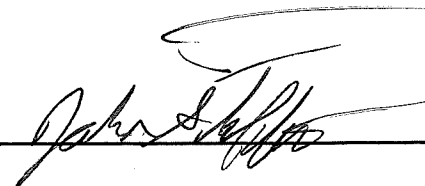
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 



**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: MAR 3 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 96

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: March 5/18  
 Time: 8:10 Am  
 Staff: Amy Pappewell

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REJECTED LOADS**


Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: 

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: March 5/18  
Staff: Amy Poplewell

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 29

**AREA OF WASTE DISPOSAL**

All waste sent to active face:  Yes /  No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes /  No      Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes /  No      Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

Yes /  No

**COMPLAINTS RECEIVED**

Yes /  No      If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: MAR 7 / 2018

Time: 8:20

Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

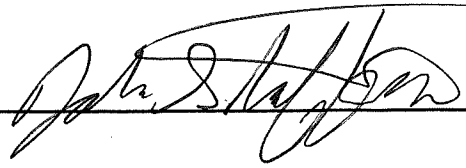
**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: 

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: MAR 7 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 35

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No

If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~

Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~

Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~

If yes : complaint file number(s)

\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: MAR 8/2018

Time: 8:15

Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: *John Stafford*

OFFICE USE:  
Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number:   *X*

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: MAR 8 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 21

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: MAR 10 / 2018  
 Time: 8:15  
 Staff: John Stallon

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

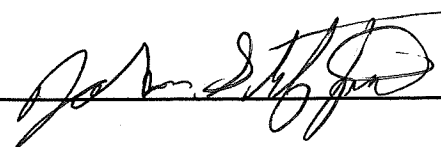
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 



**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: MAR 10 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 94

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: MAR 12/2018  
 Time: 8:15  
 Staff: John Statton

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

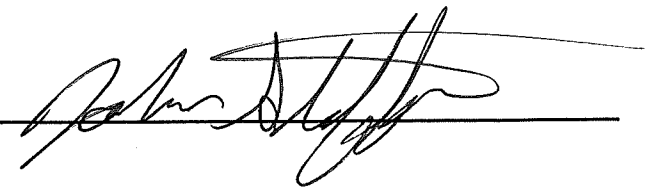
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: Mar 12 / 2018

Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 53

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No

If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~

Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~

Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

Yes / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~

If yes : complaint file number(s)

\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
 BRIAR HILL WASTE DISPOSAL SITE  
 DAILY INSPECTION FORM**

Date: mar 14 2018  
 Time: 8:20  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: 

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
 BRIAR HILL WASTE DISPOSAL SITE  
 DAILY LOG BOOK FORM**

Date: MAR 14 / 2018

Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 16

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No

If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~

Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~

Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~

If yes : complaint file number(s)

\_\_\_\_\_  
 \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: Mar 15 / 2018  
Time: 8:20  
Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

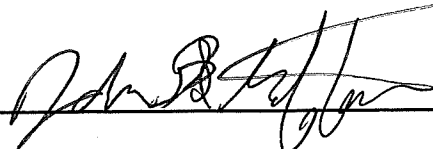
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE**

Signature: 

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
 BRIAR HILL WASTE DISPOSAL SITE  
 DAILY LOG BOOK FORM**

Date: MAR 15 / 2018  
 Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 40

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No

If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~

Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~

Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~

If yes : complaint file number(s)

\_\_\_\_\_  
 \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: MAR 17 / 2018  
Time: 8:15  
Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

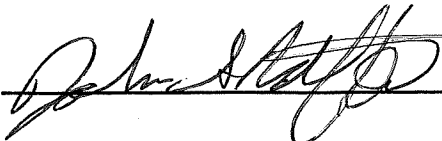
**RECOMMENDED ACTIONS / ACTIONS TAKEN**

**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

**SIGNATURE**

Signature: 

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: X



**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: MAR 17 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 88

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: MAR 19 / 2018

Time: 8:20

Staff: John Stafford

**DEFICIENCIES OBSERVED**

**Description / Location**

Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

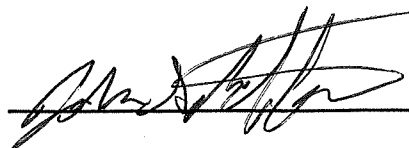
**REJECTED LOADS**


Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: 

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: MAR 19 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 40

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: MAR 21/2018  
 Time: 8:20  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

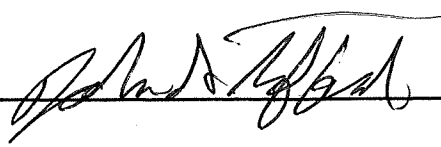
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: X

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: MAR 21 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 40

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: MAR 22 / 2018  
 Time: 8:20 AM  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: X

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: MAR 22/2008  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 31

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

Yes / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: MAR 24 / 2018  
 Time: 4:30  
 Staff: John Stapton

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / No <input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	_____
Windblown Litter:	Yes / No <input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	_____
Leachate Springs:	Yes / No <input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	_____
Animals:	Yes / No <input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	_____
Other:	Yes / No <input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

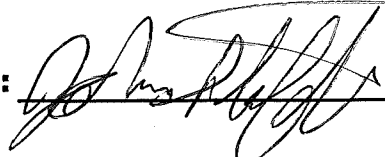
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number:



**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: MAR 24 / 2018  
Staff: John Statten

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 101

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No

If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~

Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~

Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

Yes / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~

If yes : complaint file number(s)

\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: MAR 26/2018  
 Time: 8:20  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

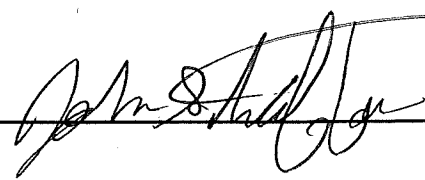
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: MAR 26 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 43

**AREA OF WASTE DISPOSAL**

All waste sent to active face:  Yes / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes /  No      Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes /  No      Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

Yes / No

**COMPLAINTS RECEIVED**

Yes /  No      If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: MAR 28 / 2018

Time: 8:15

Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

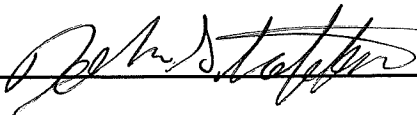
**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: 

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: MAR 28 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 39

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: MAR 29/2018  
 Time: 8:30  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: MAR 29 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 36

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: MAR 31 / 2018  
 Time: 8:20  
 Staff: John Starford

**DEFICIENCIES OBSERVED**

	Yes / No	Description / Location
Ponded Water:	<del>Yes</del> / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / <del>No</del>	_____
Leachate Springs:	<del>Yes</del> / <del>No</del>	_____
Animals:	<del>Yes</del> / <del>No</del>	_____
Other:	<del>Yes</del> / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: 



**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: MAR 31 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 96

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: APR 4 / 2018  
 Time: 8:20  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> / <input type="checkbox"/>	<u>Some caused by heavy rain</u>
Windblown Litter:	<input type="checkbox"/> / <input checked="" type="checkbox"/>	_____
Leachate Springs:	<input type="checkbox"/> / <input checked="" type="checkbox"/>	_____
Animals:	<input type="checkbox"/> / <input checked="" type="checkbox"/>	_____
Other:	<input type="checkbox"/> / <input checked="" type="checkbox"/>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

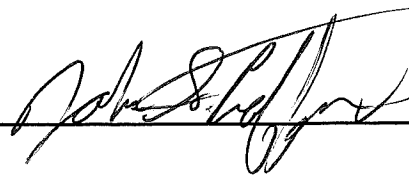
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number:

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: APR 4 / 2018

Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 26

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No

If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~

Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~

Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~

If yes : complaint file number(s)

\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: APR 5 / 2018  
 Time: 8:20  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


**REJECTED LOADS**


Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: 

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: APR 5 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 49

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: APR 7 / 2018

Time: 8:30

Staff: John Stafford

**DEFICIENCIES OBSERVED**

**Description / Location**

Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

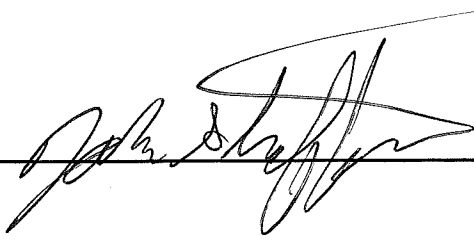
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**


\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: 

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: APR 7/2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 104

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

Yes / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: APR 9 / 2018  
 Time: 8:15  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

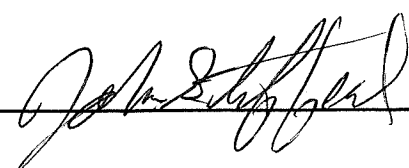
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: 



**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: APR 9 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 63

**AREA OF WASTE DISPOSAL**

All waste sent to active face:  Yes /  No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes /  No      Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes /  No      Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

Yes /  No

**COMPLAINTS RECEIVED**

Yes /  No      If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: APR 11 / 2018  
Time: 8:20  
Staff: John Staddon

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

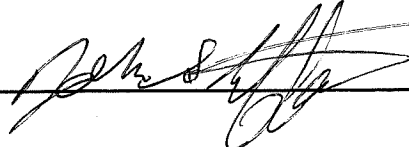
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: X

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: APR 11 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 52

**AREA OF WASTE DISPOSAL**

All waste sent to active face:  Yes /  No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes /  No      Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes /  No      Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

Yes /  No

**COMPLAINTS RECEIVED**

Yes /  No      If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: APR 12/2018  
 Time: 8:20  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

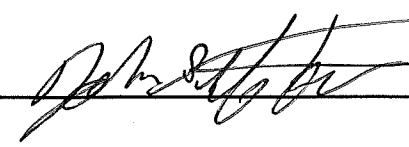
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: APR 12 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 39

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: APR 14 / 2018  
 Time: 8:20  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

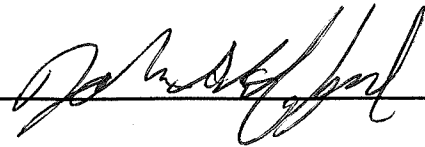
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY LOG BOOK FORM**

Date: APR 14 / 2018  
Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 78

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

File Number: \_\_\_\_\_

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
 BRIAR HILL WASTE DISPOSAL SITE  
 DAILY LOG BOOK FORM**

Date: APR 16 / 2018  
 Staff: John Stafford

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume and / or weight)	Visual Check (Y/N)

**COUNT OF HOUSEHOLD USERS**

Total: 13

**AREA OF WASTE DISPOSAL**

All waste sent to active face: ~~Yes~~ / No  
 If no : waste was sent to \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL**

Yes / ~~No~~ Details: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT**

Yes / ~~No~~ Details: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED**

~~Yes~~ / No

**COMPLAINTS RECEIVED**

Yes / ~~No~~ If yes : complaint file number(s)  
 \_\_\_\_\_  
 \_\_\_\_\_

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS  
BRIAR HILL WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

Date: APR 16/2018  
 Time: 8:25  
 Staff: John Stafford

**DEFICIENCIES OBSERVED**

		Description / Location
Ponded Water:	Yes / No <del>X</del>	_____
Windblown Litter:	Yes / No <del>X</del>	_____
Leachate Springs:	Yes / No <del>X</del>	_____
Animals:	Yes / No <del>X</del>	_____
Other:	Yes / No <del>X</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

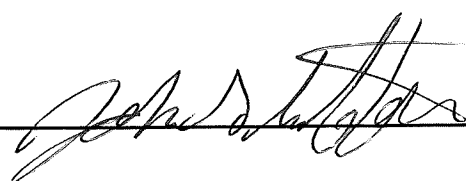
**REJECTED LOADS**

Time	Name of Hauler	Reason for Rejection

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Signature: 

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: ~~X~~



DATE: APR 18/2018 TIME: 8:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	
Leachate Springs:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	
Animals:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	
Other:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

People were in after hours smashed Pest Control Traps and routed through bins

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 3100

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:**  Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:**  Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:**  Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: APR 19/2018 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water: Yes / No  
Windblown Litter: Yes / No  
Leachate Springs: Yes / No  
Animals: Yes / No  
Other: Yes / No

Description / Location

plastic bage and styrofoam along fence line

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Called my supervisor and asked for extra personnel to help clean up

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>10:35</u>	<u>matisse</u>	<u>Garbage and Recycling</u>	<u>4 Cub Meter</u>	<u>Yes</u>

**TOTAL COUNT OF HOUSEHOLD USERS:** 45

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: APR 21/2018 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

- Ponded Water: Yes / ~~No~~ \_\_\_\_\_
- Windblown Litter: ~~Yes~~ / No \_\_\_\_\_
- Leachate Springs: Yes / No \_\_\_\_\_
- Animals: Yes / ~~No~~ \_\_\_\_\_
- Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Already reported it

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 145

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: APR 23/2018 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Already reported it

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 71

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / ~~No~~

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: APR 25 / 2018 TIME: 9:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / No \_\_\_\_\_  
 Windblown Litter: Yes / No \_\_\_\_\_  
 Leachate Springs: Yes / No \_\_\_\_\_  
 Animals: Yes / No \_\_\_\_\_  
 Other: Yes / No \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 43

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / No Yes

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / No No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / No No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / No Yes

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: APR 26/2018 TIME: 8:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~

Windblown Litter: ~~Yes~~ / No

Leachate Springs: Yes / ~~No~~

Animals: Yes / ~~No~~

Other: Yes / ~~No~~

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:25	MATISSE	gar bag Recycling	4 cub mtr	Yes

**TOTAL COUNT OF HOUSEHOLD USERS:** 40

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: APR 28/2019 TIME: 8:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / No	_____
Windblown Litter:	Yes / No	_____
Leachate Springs:	Yes / No	_____
Animals:	Yes / No	_____
Other:	Yes / No	_____

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 122

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





DATE: APR 30/2019 TIME: 8:20 STAFF: John Gaffard

**DEFICIENCIES OBSERVED:**

Description / Location

- Ponded Water: Yes / ~~No~~ \_\_\_\_\_
- Windblown Litter: Yes / ~~No~~ \_\_\_\_\_
- Leachate Springs: Yes / ~~No~~ \_\_\_\_\_
- Animals: Yes / ~~No~~ \_\_\_\_\_
- Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 57

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Gaffard

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: MAY 2 / 2018 TIME: 8:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 64

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: *John Stafford*

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: MAY 3/2018 TIME: 8:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: ~~Yes~~ / No \_\_\_\_\_  
 Leachate Springs: Yes / No \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 46

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: MAY 5/2018 TIME: 8:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
\_\_\_\_\_

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 116

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: *[Signature]*

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: MAY 7/2018 TIME: 8:20 STAFF: John Stapleton

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Leachate Springs:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Animals:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Other:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 46

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:**  Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:**  Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:**  Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: MAY 9 / 2018 TIME: 8:20 STAFF: John Staffed

**DEFICIENCIES OBSERVED:**

Description / Location

- Ponded Water: Yes / ~~No~~ \_\_\_\_\_
- Windblown Litter: Yes / ~~No~~ \_\_\_\_\_
- Leachate Springs: Yes / ~~No~~ \_\_\_\_\_
- Animals: Yes / ~~No~~ \_\_\_\_\_
- Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

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**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

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**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 51

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Staffed

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: MAY 10/2018 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 46

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: MAY 12 / 2018 TIME: 8:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Leachate Springs:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Animals:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Other:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 126

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





DATE: MAY 14 / 2019 TIME: 8:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 71

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / ~~No~~

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / ~~No~~

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: MAY 16 / 2018 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes /  No

Windblown Litter:  Yes / No

Leachate Springs: Yes /  No

Animals: Yes /  No

Other: Yes /  No

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 64

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: MAY 17 / 2018 TIME: 9:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

- Ponded Water: Yes / ~~No~~ \_\_\_\_\_
- Windblown Litter: ~~Yes~~ / No \_\_\_\_\_
- Leachate Springs: Yes / ~~No~~ \_\_\_\_\_
- Animals: Yes / ~~No~~ \_\_\_\_\_
- Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
\_\_\_\_\_

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 71

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No  
IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~  
DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~  
DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No  
DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~  
If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: May 19 / 18 TIME: 8:40 AM STAFF: Amy Popplewell

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / <input checked="" type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / No	<u>little bit</u>
Leachate Springs:	Yes / <input checked="" type="radio"/> No	_____
Animals:	<input checked="" type="radio"/> Yes / No	<u>Birds</u>
Other:	Yes / <input checked="" type="radio"/> No	_____

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

pick up litter

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION
<del>_____</del>		

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<del>_____</del>				

**TOTAL COUNT OF HOUSEHOLD USERS:** 158

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: May 23/2018 TIME: 8:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: ~~Yes~~ / No \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:04	Fletcher	garbage recycling	1 1/2 c.m.	Yes

**TOTAL COUNT OF HOUSEHOLD USERS:** 97

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: MAY 24 / 2018 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~

Windblown Litter: ~~Yes~~ / No

Leachate Springs: Yes / ~~No~~

Animals: Yes / ~~No~~

Other: Yes / ~~No~~

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 54

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: May 26/2018 TIME: 8:15 STAFF: John Stoffer

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
 \_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 134

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: May 28/2018 TIME: 8:20 STAFF: John Steffer

**DEFICIENCIES OBSERVED:**

Description / Location

- Ponded Water: Yes / ~~No~~ \_\_\_\_\_
- Windblown Litter: ~~Yes~~ / No \_\_\_\_\_
- Leachate Springs: Yes / ~~No~~ \_\_\_\_\_
- Animals: Yes / ~~No~~ \_\_\_\_\_
- Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 70

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Steffer

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ STAFF: \_\_\_\_\_

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
\_\_\_\_\_

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 44

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: MAY 31 / 2018 TIME: 4:45 STAFF: John Starford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: ~~Yes~~ / No \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 47

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ STAFF: \_\_\_\_\_

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
\_\_\_\_\_

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 133

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John D. [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: June 4/2018 TIME: 8:20 STAFF: John Tallard

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: ~~Yes~~ / No \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
11:15	Standen	Garbage recycling	"	Y
12:05	Standen	"	"	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 47

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: June 6/2018 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes /  No  
 Windblown Litter:  Yes / No  
 Leachate Springs: Yes / No  
 Animals: Yes /  No  
 Other: Yes /  No

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
9:06	Stander	Brush	FULL	Y
11:30	Stander	Brush	FULL	Y
12:01	Stander	Brush	FULL	Y
12:15	John Sizer	Brush	FULL	Y
12:20	John Sizer	Brush	FULL	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 60

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:**  Yes / No

DETAILS: Compacted and covered

**APPLICATION OF DUST SUPPRESSANT:**  Yes / No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:**  Yes / No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: June 7/2019 TIME: 8:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:45	matisse	Garbage Recycling	3/4 load	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 52

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: June 9 / 2018 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Leachate Springs:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Animals:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Other:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 169

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: June 11/2018 TIME: 8:45 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Leachate Springs:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Animals:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Other:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 61

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





DATE: June 13/2018 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: Yes / ~~No~~ \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:55	mat 1552	Garbage and recycling	3/4	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 62

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / ~~No~~

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: June 14/2018 TIME: 8:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

- Ponded Water: Yes /  No
- Windblown Litter:  Yes / No
- Leachate Springs: Yes /  No
- Animals: Yes /  No
- Other: Yes /  No

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
17:55	M1155	...	3/4	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 144

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: June 16/2018 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 105

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: June 19/2018 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: ~~Yes~~ / No \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 53

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: June 20/2019 TIME: 8:20 STAFF: John Steffen

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	_____
Windblown Litter:	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	_____
Leachate Springs:	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	_____
Animals:	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	_____
Other:	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 67

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Steffen

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: June 21/2018 TIME: 8:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / No \_\_\_\_\_  
 Windblown Litter: Yes / No \_\_\_\_\_  
 Leachate Springs: Yes / No \_\_\_\_\_  
 Animals: Yes / No \_\_\_\_\_  
 Other: Yes / No \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 52

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Jun 23 / 2018 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	_____
Windblown Litter:	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	_____
Leachate Springs:	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	_____
Animals:	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	_____
Other:	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 155

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  /

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: June 25/2017 TIME: 9:30 STAFF: \_\_\_\_\_

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Leachate Springs:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Animals:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Other:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 58

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:**  Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:**  Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:**  Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





DATE: June 27/2018 TIME: 8:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<del>Yes</del> / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / <del>No</del>	_____
Leachate Springs:	<del>Yes</del> / <del>No</del>	_____
Animals:	<del>Yes</del> / <del>No</del>	_____
Other:	<del>Yes</del> / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 53

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ STAFF: \_\_\_\_\_

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~

Windblown Litter: Yes / ~~No~~

Leachate Springs: Yes / ~~No~~

Animals: Yes / ~~No~~

Other: Yes / ~~No~~

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION
<del>10:37</del>	<del>Matisse</del>	

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:42	Matisse	garbage on Recycling	3/4	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 64

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Dwyer

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: June 30/2018 TIME: 8:30 STAFF: John Stalwood

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 135

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: July 4 / 18 TIME: 8:30 AM STAFF: Amy Poppewell

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes /  No \_\_\_\_\_  
 Windblown Litter:  Yes / No Along fences  
 Leachate Springs: Yes /  No \_\_\_\_\_  
 Animals:  Yes / No Birds  
 Other: Yes /  No \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 99

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: Amy Poppewell

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: July 5/18 TIME: 840 Am STAFF: Amy Poplewell

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / <input checked="" type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / No	<u>Along Fences.</u>
Leachate Springs:	Yes / <input checked="" type="radio"/> No	_____
Animals:	<input checked="" type="radio"/> Yes / No	<u>Birds</u>
Other:	Yes / <input checked="" type="radio"/> No	_____

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 104

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: *Amy Poplewell*

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: July 7/12 TIME: 8:15 AM STAFF: Amy Papplewell

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <input checked="" type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / No	<u>Along fences</u>
Leachate Springs:	Yes / <input checked="" type="radio"/> No	_____
Animals:	<input checked="" type="radio"/> Yes / No	<u>Birds</u>
Other:	Yes / <input checked="" type="radio"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 1167

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: Amy Papplewell

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: July 9<sup>th</sup> / 18 TIME: 8:30 STAFF: Dustin Jackson

**DEFICIENCIES OBSERVED:**

Ponded Water: Yes /  No  
 Windblown Litter:  Yes / No  
 Leachate Springs: Yes /  No  
 Animals:  Yes / No  
 Other: Yes /  No

Description / Location  
 All things were ordered on wed. but  
 BYI fences get here till monday.

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Picked up litter by the shack

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 93

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: July 11 / 18 TIME: 8:30 STAFF: Dustin Jackson

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / <input checked="" type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / No	<u>By truck and ferries</u>
Leachate Springs:	Yes / <input checked="" type="radio"/> No	_____
Animals:	<input checked="" type="radio"/> Yes / No	<u>BIRDS</u>
Other:	Yes / <input checked="" type="radio"/> No	_____

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 94

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: Dustin Jackson

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





DATE: \_\_\_\_\_ TIME: 8:30 STAFF: Austin Jackson

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes /  No  
 Windblown Litter:  Yes / No BY shack and fences  
 Leachate Springs: Yes /  No  
 Animals:  Yes / No Birds  
 Other: Yes /  No

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 64

**AREA OF WASTE DISPOSAL:** All waste sent o active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: *Austin Jackson*

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: July 15/18 TIME: 8:10 AM STAFF: Amy Papplewell

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes /  No

Windblown Litter:  Yes / No Along fence

Leachate Springs: Yes /  No

Animals:  Yes / No Birds

Other: Yes /  No

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION
<u>11:20</u>	<u>?</u>	<u>full load no tags</u>

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** \_\_\_\_\_

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: 169

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: Amy Papplewell

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: July 16/2018 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: Yes / ~~No~~ \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:35	Standen	Garbage recycling	3/4	Y
2:05	Standen	" "	1/2	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 77

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: July 19/2018 TIME: 4:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 68

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No  
IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~  
DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~  
DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No  
DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~  
If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: July 19/2018 TIME: 8:20 STAFF: John Jaffee

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Leachate Springs:	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Animals:	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Other:	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:55	matrise	Garbage Recycling	3/4 ton	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 55

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:**  Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:**  Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:**  Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: July 21 / 2018 TIME: 9:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 154

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: July 23 / 2018 TIME: 9:20 STAFF: John Gafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: ~~Yes~~ / No \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 80

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: July 25/2018 TIME: 9:25 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: Yes / ~~No~~ \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 43

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / ~~No~~

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





DATE: July 24/2018 TIME: 9:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: Yes / ~~No~~ \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 78

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: July 29/2018 TIME: 4:25 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

- Ponded Water: Yes / ~~No~~ \_\_\_\_\_
- Windblown Litter: ~~Yes~~ / No \_\_\_\_\_
- Leachate Springs: Yes / ~~No~~ \_\_\_\_\_
- Animals: Yes / ~~No~~ \_\_\_\_\_
- Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 180

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: July 30/2018 TIME: 8:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / No	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
11:15	Standen	Garbage REC	3/4	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 65

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: July 26, 2019 TIME: 8:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: ~~Yes~~ / No \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 74

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: AUG 2/2018 TIME: 8:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:30	matisse	carp <sup>3e</sup> Recycl	3/4	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 69

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Aug 4 / 2018 TIME: 8:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: Yes / ~~No~~ \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 162

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / ~~No~~

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Aug 8/10 TIME: 8:30am STAFF: Amy Popplawell

**DEFICIENCIES OBSERVED:**

Description / Location

- Ponded Water: Yes /  No
- Windblown Litter: Yes /  No Along fences
- Leachate Springs: Yes /  No
- Animals: Yes /  No Birds
- Other: Yes /  No

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 94

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: Popplawell

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Aug 9/18 TIME: 8:30 Am STAFF: Happlewood

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes /  No

Windblown Litter:  Yes / No

Along fences

Leachate Springs: Yes /  No

Animals:  Yes / No

Birds

Other: Yes /  No

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION
<u>10:40 am</u>	<u>?</u>	<u>Didn't live in this township.</u>

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 88

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: Happlewood

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





DATE: Aug 11/18 TIME: 8:20 Am STAFF: Hopplewell

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <input checked="" type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / No	_____
Leachate Springs:	Yes / <input checked="" type="radio"/> No	_____
Animals:	<input checked="" type="radio"/> Yes / No	_____
Other:	Yes / <input checked="" type="radio"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 202

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: Hopplewell

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Aug 13/18 TIME: 8:30am STAFF: Dustin Jackson

**DEFICIENCIES OBSERVED:**

Description / Location

- Ponded Water: Yes / No \_\_\_\_\_
- Windblown Litter: Yes / No \_\_\_\_\_
- Leachate Springs: Yes / No \_\_\_\_\_
- Animals: Yes / No Birds \_\_\_\_\_
- Other: Yes / No \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 86

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Aug 15<sup>th</sup>/18 TIME: 8:30 am STAFF: Dustin Jackson

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / No \_\_\_\_\_  
 Windblown Litter: Yes / No By fences  
 Leachate Springs: Yes / No \_\_\_\_\_  
 Animals: Yes / No Birds  
 Other: Yes / No \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 69

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: Dustin Jackson

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Aug 16 / 18 TIME: 8:30 am STAFF: Dustin Jackson

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input type="radio"/> Yes / <input checked="" type="radio"/> No	
Windblown Litter:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>By fences</u>
Leachate Springs:	<input type="radio"/> Yes / <input checked="" type="radio"/> No	
Animals:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>Birds</u>
Other:	<input type="radio"/> Yes / <input checked="" type="radio"/> No	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 72

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: Dustin Jackson

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Aug 18/18 TIME: 8:40 Am STAFF: Amy Popplewell

**DEFICIENCIES OBSERVED:**

Ponded Water: Yes /  No

Windblown Litter:  Yes / No

Leachate Springs: Yes /  No

Animals:  Yes / No

Other: Yes /  No

Description / Location

Along fences/brush line

Birds

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 1169

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: Amy Popplewell

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Aug 20/2018 TIME: 8:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

- Ponded Water: Yes /  No
- Windblown Litter: Yes /  No
- Leachate Springs: Yes /  No
- Animals: Yes /  No
- Other: Yes /  No

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 76

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: AUG 22 / 2018 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: ~~Yes~~ / No \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 63

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: AUG 23/2019 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Leachate Springs:	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Animals:	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Other:	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 59

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:**  Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:**  Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:**  Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





DATE: 25/08/2018 TIME: 8:00 STAFF: Jeremy Semerville

**DEFICIENCIES OBSERVED:**

Description / Location

- Ponded Water: Yes /  No
- Windblown Litter:  Yes / No Along Fences
- Leachate Springs: Yes / No
- Animals:  Yes /  No Birds
- Other: Yes / No

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 103

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: Jeremy Semerville

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: AUG 27 / 2018 TIME: 8:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Leachate Springs:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Animals:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Other:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 85

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

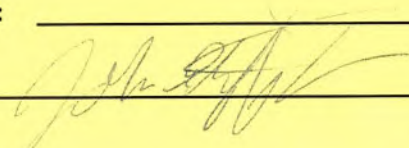
DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: 

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: AUG 29/2018 TIME: 4:45 STAFF: John To...

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / No \_\_\_\_\_

Windblown Litter: Yes / No \_\_\_\_\_

Leachate Springs: Yes / No \_\_\_\_\_

Animals: Yes / No \_\_\_\_\_

Other: Yes / No \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 51

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: AUG 30/2018 TIME: 4:45 STAFF: John Stupford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / No	_____
Windblown Litter:	Yes / No	_____
Leachate Springs:	Yes / No	_____
Animals:	Yes / No	_____
Other:	Yes / No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
\_\_\_\_\_

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 76

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stupford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Aug 1 / 2019 TIME: 4:45 STAFF: John Stokow

**DEFICIENCIES OBSERVED:**

Description / Location

- Ponded Water: Yes / ~~No~~ \_\_\_\_\_
- Windblown Litter: Yes / ~~No~~ \_\_\_\_\_
- Leachate Springs: Yes / ~~No~~ \_\_\_\_\_
- Animals: Yes / ~~No~~ \_\_\_\_\_
- Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 165

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No  
IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~  
DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~  
DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / ~~No~~  
DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~  
If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: SEP 5<sup>th</sup>/18 TIME: 8:30Am STAFF: Dustin Jackson

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes /  No

Windblown Litter:  Yes / No By fences

Leachate Springs: Yes /  No

Animals:  Yes / No Birds

Other: Yes /  No

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 106

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No  
IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No  
DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No  
DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes / No  
DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No  
If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: sep 6<sup>th</sup> / 18 TIME: 8.30 Am STAFF: DUSTIN JACKSON

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <input type="radio"/> No	
Windblown Litter:	<input checked="" type="radio"/> Yes / No	<u>BY fences</u>
Leachate Springs:	Yes / <input checked="" type="radio"/> No	
Animals:	<input checked="" type="radio"/> Yes / No	<u>BATS, rodents</u>
Other:	Yes / <input checked="" type="radio"/> No	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 76

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:**  Yes / No

DETAILS: started to pick up litter by fences

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Sept 8/18 TIME: 8:20 Am STAFF: Amy Popplewell

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes /  No

Windblown Litter:  Yes / No

Leachate Springs: Yes /  No

Animals: Yes / No Birds

Other: Yes /  No

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION
<u>2:42 pm</u>	<u>?</u>	<u>No tags.</u>

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 154

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: Popplewell

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





DATE: Sept 10/18 TIME: 8:20 AM STAFF: Amy Replewell

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes /  No

Windblown Litter:  Yes / No

Leachate Springs: Yes /  No

Animals:  Yes / No

Other: Yes /  No

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 44

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Sept 12/18 TIME: 8:20 AM STAFF: Amy Byrdwell

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input type="radio"/> Yes / <input checked="" type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	_____
Leachate Springs:	<input type="radio"/> Yes / <input checked="" type="radio"/> No	_____
Animals:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	_____
Other:	<input type="radio"/> Yes / <input checked="" type="radio"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 62

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Sept 15/18 TIME: 8:15 Am STAFF: Amy Popplewell

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	_____
Leachate Springs:	<input type="radio"/> Yes / <input checked="" type="radio"/> No	_____
Animals:	<input type="radio"/> Yes / <input checked="" type="radio"/> No	_____
Other:	<input type="radio"/> Yes / <input checked="" type="radio"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 57

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:**  Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:**  Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:**  Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: *Amy Popplewell*

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Sept 15/18 TIME: 8:30 AM STAFF: Amy Popplewell

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes /  No

Windblown Litter:  Yes / No

Leachate Springs: Yes /  No

Animals:  Yes / No

Other: Yes /  No

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 126

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: SEPT 17/2018 TIME: 4:40 STAFF: John Stollon

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 66

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stollon

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Sept 19/2018 TIME: 4:45 STAFF: John Stapleton

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: ~~Yes~~ / No \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 49

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Sept 20/2018 TIME: 11:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<u>Yes / No</u>	_____
Windblown Litter:	<u>Yes / No</u>	_____
Leachate Springs:	<u>Yes / No</u>	_____
Animals:	<u>Yes / No</u>	_____
Other:	<u>Yes / No</u>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 39

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Sept 22/2018 TIME: 8:25 STAFF: \_\_\_\_\_

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Leachate Springs:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Animals:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Other:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
\_\_\_\_\_

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 127

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No  
IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No  
DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No  
DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes /  No  
DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No  
If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





DATE: Sept 24 / 2018 TIME: 9:00 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Leachate Springs:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Animals:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Other:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 59

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:**  Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:**  Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:**  Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Sept 26/18 TIME: 8:45am STAFF: Amy Popplewell

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <input checked="" type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / No	_____
Leachate Springs:	Yes / <input checked="" type="radio"/> No	_____
Animals:	Yes / <input checked="" type="radio"/> No	_____
Other:	Yes / <input checked="" type="radio"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 46

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: *Amy Popplewell*

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Sept 27/2018 TIME: 8:40 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 48

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / ~~No~~

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Sept 29/2018 TIME: 4:45 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~

Windblown Litter: ~~Yes~~ / No

Leachate Springs: Yes / ~~No~~

Animals: Yes / ~~No~~

Other: Yes / ~~No~~

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 135

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Oct 1 / 2018 TIME: 9:00 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: ~~Yes~~ / No \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 42

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: OCT 3 / 2018 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: Yes / ~~No~~ \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 56

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: 05/4/2019 TIME: 8:30 STAFF: John Stoffer

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / No	_____
Windblown Litter:	Yes / No	_____
Leachate Springs:	Yes / No	_____
Animals:	Yes / No	_____
Other:	Yes / No	_____

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 48

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stoffer

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Oct 6/2018 TIME: 4:45 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <input checked="" type="checkbox"/> No	_____
Windblown Litter:	Yes / <input checked="" type="checkbox"/> No	_____
Leachate Springs:	Yes / <input checked="" type="checkbox"/> No	_____
Animals:	Yes / <input checked="" type="checkbox"/> No	_____
Other:	Yes / <input checked="" type="checkbox"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 110

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:**  Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:**  Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:**  Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





DATE: Oct 10 / 2018 TIME: 4:45 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / <input checked="" type="checkbox"/> No	_____
Windblown Litter:	Yes / <input checked="" type="checkbox"/> No	_____
Leachate Springs:	Yes / <input checked="" type="checkbox"/> No	_____
Animals:	Yes / <input checked="" type="checkbox"/> No	_____
Other:	Yes / <input checked="" type="checkbox"/> No	_____

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 66

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: *John Stafford*

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Oct 11/2018 TIME: 8:25 STAFF: John Stallard

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <input checked="" type="checkbox"/> No	_____
Windblown Litter:	Yes / <input checked="" type="checkbox"/> No	_____
Leachate Springs:	Yes / <input checked="" type="checkbox"/> No	_____
Animals:	Yes / <input checked="" type="checkbox"/> No	_____
Other:	Yes / <input checked="" type="checkbox"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 52

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: OCT 13/2018 TIME: 8:25 STAFF: John Stalbol

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: ~~Yes~~ / No \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 155

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stalbol

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Oct 15/2018 TIME: 9:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Leachate Springs:	<input type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Animals:	<input type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Other:	<input type="checkbox"/> Yes / <input type="checkbox"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 43

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: OCT 17/2018 TIME: 8:45 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water:	Yes / No	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / No	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 51

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Oct 19 / 2018 TIME: 4:30 STAFF: John Gafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~

Windblown Litter: Yes / No

Leachate Springs: Yes / ~~No~~

Animals: Yes / ~~No~~

Other: Yes / ~~No~~

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 36

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / ~~No~~

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Gafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Oct 20 / 2018 TIME: 8:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~

Windblown Litter: ~~Yes~~ / No

Leachate Springs: Yes / ~~No~~

Animals: Yes / ~~No~~

Other: Yes / ~~No~~

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 131

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Oct 22 / 2018 TIME: 8:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~

Windblown Litter: ~~Yes~~ / No

Leachate Springs: Yes / ~~No~~

Animals: Yes / ~~No~~

Other: Yes / ~~No~~

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 45

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





DATE: Oct 24/18 TIME: 8:40 AM STAFF: Amy Popplewell

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / <input checked="" type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / No	_____
Leachate Springs:	Yes / <input checked="" type="radio"/> No	_____
Animals:	<input checked="" type="radio"/> Yes / No	_____
Other:	Yes / <input checked="" type="radio"/> No	_____

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 41

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE:

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Oct 25/2018 TIME: 8:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / No \_\_\_\_\_  
 Windblown Litter: ~~Yes~~ / No \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / No \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 43

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Oct 27 / 2018 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~

Windblown Litter: ~~Yes~~ / No

Leachate Springs: Yes / ~~No~~

Animals: Yes / ~~No~~

Other: Yes / ~~No~~

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 104

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Oct 29/2018 TIME: 8:10 STAFF: John Staplow

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Leachate Springs:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Animals:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Other:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 48

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Staplow

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: 04/31/2018 TIME: 10:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	
Windblown Litter:	<del>Yes</del> / No	
Leachate Springs:	Yes / <del>No</del>	
Animals:	Yes / <del>No</del>	
Other:	Yes / <del>No</del>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 49

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Nov 1 / 2018 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	
Windblown Litter:	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	
Leachate Springs:	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	
Animals:	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	
Other:	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 51

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Nov 5 / 2018 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~

Windblown Litter: ~~Yes~~ / No

Leachate Springs: Yes / ~~No~~

Animals: Yes / No

Other: Yes / ~~No~~

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 109

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Nov 5 / 2018 TIME: 8:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes /  No

Windblown Litter: Yes /  No

Leachate Springs: Yes /  No

Animals: Yes /  No

Other: Yes /  No

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 48

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





DATE: Nov 7 / 2015 TIME: 9:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Leachate Springs:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Animals:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Other:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 45

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:**  Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:**  Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:**  Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Nov 8 / 2018 TIME: 8:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_

Windblown Litter: Yes / ~~No~~ \_\_\_\_\_

Leachate Springs: Yes / ~~No~~ \_\_\_\_\_

Animals: Yes / ~~No~~ \_\_\_\_\_

Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 53

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Nov 19/2018 TIME: 8:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~  
Windblown Litter: ~~Yes~~ / No  
Leachate Springs: Yes / ~~No~~  
Animals: Yes / ~~No~~  
Other: Yes / ~~No~~

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**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
\_\_\_\_\_

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 104

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Nov 14/2018 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: Yes / ~~No~~ \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 71

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Nov 15/18 TIME: 8:20 AM STAFF: Amy Popplewell

**DEFICIENCIES OBSERVED:**

Ponded Water: Yes /  No

Windblown Litter:  Yes / No

Leachate Springs: Yes /  No

Animals:  Yes / No

Other: Yes /  No

Description / Location

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**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

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**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

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**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 48

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: Amy Popplewell

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Nov 17/2018 TIME: 8:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / No  /  \_\_\_\_\_

Windblown Litter:  / No \_\_\_\_\_

Leachate Springs: Yes / No  /  \_\_\_\_\_

Animals: Yes / No  /  \_\_\_\_\_

Other: Yes / No  /  \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
\_\_\_\_\_

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 96

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No  
IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / No  /   
DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / No  /   
DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / No  /   
DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No  /   
If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Nov 19/2018 TIME: 9:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_

Windblown Litter: ~~Yes~~ / No \_\_\_\_\_

Leachate Springs: Yes / ~~No~~ \_\_\_\_\_

Animals: Yes / ~~No~~ \_\_\_\_\_

Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
\_\_\_\_\_

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 48

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No  
IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~  
DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~  
DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No  
DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~  
If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Nov 21/2018 TIME: 4:30 STAFF: John Stallord

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water:	Yes / No	_____
Windblown Litter:	Yes / No	_____
Leachate Springs:	Yes / No	_____
Animals:	Yes / No	_____
Other:	Yes / No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 39

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stallord

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





DATE: Nov 22/2018 TIME: 8:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: ~~Yes~~ / No \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 38

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Nov 24/2018 TIME: 8:10 STAFF: John Stoffer

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~

Windblown Litter: ~~Yes~~ / No

Leachate Springs: Yes / ~~No~~

Animals: Yes / ~~No~~

Other: Yes / ~~No~~

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 125

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stoffer

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Nov 26/2018 TIME: 4:30 STAFF: John Stoffel

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<u>Heavy Rain</u>
Windblown Litter:	<input type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Leachate Springs:	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Animals:	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Other:	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

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\_\_\_\_\_  
\_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
\_\_\_\_\_

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 41

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:**  Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:**  Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:**  Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Nov 28/2018 TIME: 8:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~

Windblown Litter: ~~Yes~~ / No

Leachate Springs: Yes / ~~No~~

Animals: Yes / ~~No~~

Other: Yes / ~~No~~

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 36

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Nov 29/2018 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~

Windblown Litter: ~~Yes~~ / No

Leachate Springs: Yes / ~~No~~

Animals: Yes / ~~No~~

Other: Yes / ~~No~~

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 50

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Dec 1 / 2018 TIME: 8:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: Yes / ~~No~~ \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 112

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Dec 3/2018 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
\_\_\_\_\_

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 39

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No  
IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~  
DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~  
DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No  
DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~  
If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: *John Stafford*

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Dec 7 / 2018 TIME: 8:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~

Windblown Litter: ~~Yes~~ / No

Leachate Springs: Yes / ~~No~~

Animals: Yes / ~~No~~

Other: Yes / ~~No~~

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 51

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





DATE: Dec 6 / 2018 TIME: 8:15 STAFF: John Stappert

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	
Leachate Springs:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	
Animals:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	
Other:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 41

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:**  Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:**  Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:**  Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stappert

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Dec 8 / 2018 TIME: 4:35 STAFF: John Stapfen

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~  
 Windblown Litter: ~~Yes~~ / No  
 Leachate Springs: Yes / ~~No~~  
 Animals: Yes / ~~No~~  
 Other: Yes / ~~No~~

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 101

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stapfen

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Dec 10/2018 TIME: 8:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~

Windblown Litter: ~~Yes~~ / No

Leachate Springs: Yes / ~~No~~

Animals: Yes / ~~No~~

Other: Yes / ~~No~~

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 47

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Dec 12 / 2018 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
\_\_\_\_\_

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 34

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No  
IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~  
DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~  
DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No  
DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~  
If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Dec 13/2018 TIME: 8:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: ~~Yes~~ / No \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 36

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: Mistake

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Dec 15/2018 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~

Windblown Litter: ~~Yes~~ / No

Leachate Springs: Yes / ~~No~~

Animals: Yes / ~~No~~

Other: Yes / ~~No~~

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 112

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / ~~No~~

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / ~~No~~

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Dec 17/2018 TIME: 8:30 STAFF: John Zaffaro

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: ~~Yes~~ / No \_\_\_\_\_  
 Leachate Springs: Yes / No \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 51

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Zaffaro

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Dec 19 / 2018 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

- Ponded Water: Yes / ~~No~~ \_\_\_\_\_
- Windblown Litter: ~~Yes~~ / No \_\_\_\_\_
- Leachate Springs: Yes / ~~No~~ \_\_\_\_\_
- Animals: Yes / ~~No~~ \_\_\_\_\_
- Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

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**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

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**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 54

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





DATE: Dec 29/2018 TIME: 4:30 STAFF: John Staffor

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: ~~Yes~~ / No \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 51

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Staffor

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Dec 20/2018 TIME: 4:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: Yes / ~~No~~ \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 118

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / ~~No~~

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Dec 24/2018 TIME: 4:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

- Ponded Water: Yes / ~~No~~ \_\_\_\_\_
- Windblown Litter: ~~Yes~~ / No \_\_\_\_\_
- Leachate Springs: Yes / ~~No~~ \_\_\_\_\_
- Animals: Yes / ~~No~~ \_\_\_\_\_
- Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 27

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



**DAL**

DATE: Dec 27 / 2018 TIME: 8:20 STAFF: John Staffor

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/>	_____
Windblown Litter:	<input checked="" type="checkbox"/>	_____
Leachate Springs:	<input checked="" type="checkbox"/>	_____
Animals:	<input checked="" type="checkbox"/>	_____
Other:	<input checked="" type="checkbox"/>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 64

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:**  Yes / No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:**  Yes / No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:**  Yes / No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Staffor

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Dec 29 / 2018 TIME: 4:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / No  /  \_\_\_\_\_  
 Windblown Litter: Yes / No  /  \_\_\_\_\_  
 Leachate Springs: Yes / No  /  \_\_\_\_\_  
 Animals: Yes / No  /  \_\_\_\_\_  
 Other: Yes / No  /  \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 110

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No  
 IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / No  /   
 DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / No  /   
 DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / No  /   
 DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No  /   
 If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Dec 31/2018 TIME: 8:45 STAFF: John Staffor

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: Yes / ~~No~~ \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 39

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Jan 2 / 2019 TIME: 8:15 STAFF: John Safford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Leachate Springs:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Animals:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Other:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 53

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:**  Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:**  Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:**  Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Safford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Jan 3 / 2019 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

		Description / Location
Ponded Water:	Yes / No	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / No	_____
Animals:	Yes / No	_____
Other:	Yes / No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
\_\_\_\_\_

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 34

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No  
IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~  
DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~  
DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No  
DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~  
If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: *John Stafford*

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





DATE: Jan 5 / 2019 TIME: 8:20 STAFF: John Staffal

**DEFICIENCIES OBSERVED:**

Description / Location

- Ponded Water: Yes / ~~No~~ \_\_\_\_\_
- Windblown Litter: ~~Yes~~ / No \_\_\_\_\_
- Leachate Springs: Yes / ~~No~~ \_\_\_\_\_
- Animals: Yes / ~~No~~ \_\_\_\_\_
- Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 123

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Staffal

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Jan 7 / 2019 TIME: 8:15 STAFF: John Stoffel

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 49

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Jan 9/2019 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: ~~Yes~~ / No \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 39

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No  
 IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~  
 If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Jan 10 / 2019 TIME: 8:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: Yes / ~~No~~ \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 27

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / ~~No~~

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Jan 12/2019 TIME: 8:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Leachate Springs:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Animals:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Other:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 92

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Jan 14 / 2019 TIME: 8:25 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

- Ponded Water: Yes / ~~No~~ \_\_\_\_\_
- Windblown Litter: ~~Yes~~ / No \_\_\_\_\_
- Leachate Springs: Yes / ~~No~~ \_\_\_\_\_
- Animals: Yes / ~~No~~ \_\_\_\_\_
- Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 40

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No  
 IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~  
 If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Jan 16/2019 TIME: 8:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

- Ponded Water: Yes / ~~No~~ \_\_\_\_\_
- Windblown Litter: ~~Yes~~ / No \_\_\_\_\_
- Leachate Springs: Yes / ~~No~~ \_\_\_\_\_
- Animals: Yes / ~~No~~ \_\_\_\_\_
- Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 35

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Jan 17 / 2019 TIME: 8:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Leachate Springs:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Animals:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Other:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 41

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:**  Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:**  Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:**  Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





DATE: Jan 19 / 2019 TIME: 4:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / No	<u>X</u>	_____
Windblown Litter:	Yes / No	<u>X</u>	_____
Leachate Springs:	Yes / No	<u>X</u>	_____
Animals:	Yes / No	<u>X</u>	_____
Other:	Yes / No	<u>X</u>	_____

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 83

**AREA OF WASTE DISPOSAL:** All waste sent to active face: X / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / X No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / X No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / X No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / X No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





DATE: Jan 23 / 2019 TIME: 8:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Leachate Springs:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Animals:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Other:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 20

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford



DATE: Jan 24 / 2019 TIME: 8:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 24

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_

Appendix G  
MECP Correspondence

**Ministry of the  
Environment,  
Conservation and Parks**  
Eastern Region  
1259 Gardiners Road, Unit 3  
Kingston ON K7P 3J6  
Phone: 613.549.4000  
or 800.267.0974

**Ministère de l'Environnement,  
de la Protection de la nature  
et des Parcs**  
Région de l'Est  
1259, rue Gardiners, unité 3  
Kingston (Ontario) K7P 3J6  
Tél: 613 549-4000  
ou 800 267-0974



MEMORANDUM

October 5, 2018

TO: Nathalie Matthews  
Sr. Environmental Officer  
Kingston District Office  
Eastern Region

FROM: Dana Cruikshank  
Surface Water Scientist  
Water Resources Group  
Eastern Region

RE: 2017 Annual Monitoring Report  
Brier Hill Waste Disposal Site  
Corporation of the Twp. Of Leeds and the Thousand Islands  
Certificate of Approval # A442103  
IDS Ref # 4426-AXGRF4

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I have reviewed the above report prepared by Malroz dated March 2018 with respect to surface water concerns only.

**Report Overview:**

For 2017 Malroz reports;

- Brier Hill WDS has operated since 1972 and has a current active footprint of 2.4 ha and includes the old 0.65 ha landfill site located south of the entrance gate for a total area of 16 ha..
- The landfill at current rate of filling has 6 years of operation remaining.
- Groundwater flows in a north to northwesterly direction and landfill leachate has impacted the overburden aquifer which discharges to a westward flowing creek just north of the site. This creek is a tributary to Morton Creek.
- There are no surface water features on the site. Precipitation infiltrates through the sandy overburden to bedrock and follows the bedrock contours. Ponding occurs along the toe after precipitation events or snow melt.
- Leachate is defined by elevated concentrations for alkalinity, DOC, chloride, hardness, TDS, boron, iron, and manganese
- Site does not conform to B-7.
- Three surface water stations are located in the creek that flows to the north side of the property. SW1 represents background, SW4 is near northwestern boundary of the site and SW5 is located in the creek before it enters Morton Creek.
- Groundwater and surface water are sampled in the spring and fall.

- PWQO exceedances for total phosphorus, iron and aluminum have been consistently found at the background monitor SW1. Similar PWQO exceedances are found at the two downstream stations.
- All three SW locations have shown isolated exceedances of arsenic, cobalt, nickel, phenols and aluminum.
- Concludes a weak leachate may be loading the stream downstream of the site.
- Recommends that monitoring continue and a trigger mechanism be developed.

### **Reviewer's Comments**

The reviewer averaged the data for SW1, SW4 and SW5 for selected parameters. Data from July 2013 to May 2018 was only used so that there was a direct comparison over time with SW5 (established July 2013) The data was manipulated so that in cases where the reported value was less than the Method Detection Limit (MDL) then the MDL number was assumed to be the reported value using the precautionary principle. The orange highlighted cells indicate averages that exceed PWQO for 2013-2018. Percentage differences in average concentrations were calculated between upstream (SW1) and downstream stations as well as between adjacent (SW4) to the landfill and downstream (SW5). Cells highlighted yellow in Table 1 indicate differences of greater than 25% in the averages between stations which the reviewer considers very significant.

Un-ionized ammonia (lab), phenols, total phosphorus, aluminum average concentrations exceeded PWQO at all three stations. In most cases the average concentration for these parameters was higher or slightly lower than the upstream station. Cobalt exceeded PWQO only at SW5.

In comparing average concentrations of downstream stations to upstream, SW4 had significant differences for only six parameters while SW5 had significant differences for twelve parameters. When comparing SW5 to SW4, nine parameters show higher average concentrations at SW5 compared to SW4.

The consultants have concluded that Briar Hill LFS leachate is entering the tributary via shallow groundwater. The reviewer looked at the shallow groundwater data that was provided electronically by the consultant from 2015 to 2017. The data was averaged for each well and is presented in Appendix 1. The reviewer substituted the < value that was present in many of the cells with the MDL limit appropriate for that parameter. For values indicated i.e. by < 0.001 the whole number 0.001 was substituted. Average concentrations from 2015-2017 showed the following parameters exceeded PWQO or CWQG guidelines; phenols, TP, chloride, boron, iron and cobalt.

OW20 was indicated in the provided spreadsheet as background. The average concentrations of the other wells were compared to OW20 on a percentage difference basis. The reviewer usually uses a difference greater than 25% to indicate significant

differences. For this landfill many of the differences exceeded 100% which is unusual. Leachate parameters are bolded.

**Table 1: Average Concentrations of Water Quality Parameters at Briar Hill WDS, (2013-2018).**

Parameter	Average Concentrations (mg/L)			Percentage Differences		
	SW1	SW4	SW5	SW1 vs	SW1 vs	SW4 vs
	Ave	Ave	Ave	SW4	SW5	SW5
Hardness	<b>201</b>	<b>212</b>	<b>223</b>	-6	-11	-5
Alkalinity	<b>201</b>	<b>214</b>	<b>226</b>	-7	-12	-5
Ammonia (N)	0.08	0.13	0.12	-71	-57	8
Ammonia(UI) (N)(lab)	0.25	0.14	0.11	46	58	22
BOD	2.1	2.3	4.4	-9	-107	-90
COD	32.6	29.3	44.8	10	-37	-53
DOC	<b>8.13</b>	<b>10.77</b>	<b>13.31</b>	-32	-64	-24
Conductivity	432	465	477	-8	-10	-3
pH	8.05	8.06	8.01	0	0	1
Phenols	0.002	0.002	0.002	-9	-25	-15
Phosphorus (total)	0.073	0.067	0.108	8	-47	-60
TDS	268.5	278.9	309.2	-4	-15	-11
TSS	25.0	10.8	15.6	57	38	-44
N - Total Kjeldahl	0.63	0.74	0.92	-18	-46	-24
Chloride	<b>6.99</b>	<b>9.75</b>	<b>10.14</b>	-39	-45	-4
N - Nitrate	1.14	1.02	0.77	10	33	25
Sulphate	18.73	20.63	17.02	-10	9	17
Aluminum	0.393	0.201	0.240	49	39	-19
Barium	0.109	0.110	0.129	-1	-19	-17
Boron	<b>0.015</b>	<b>0.022</b>	<b>0.021</b>	-53	-44	6
Cadmium	7.98E-05	7.68E-05	8.1167E-05	4	-2	-6
Calcium	110	127	127	-16	-16	0
Chromium	0.0025	0.0013	0.0022	47	13	-65
Cobalt	0.0008	0.0006	0.0009	27	-13	-56
Copper	0.0022	0.0017	0.0023	21	-6	-34
Iron	<b>0.96</b>	<b>0.49</b>	<b>1.11</b>	<b>49</b>	<b>-15</b>	<b>-126</b>
Lead	0.0008	0.0005	0.0008	31	-3	-50
Magnesium	19.3	19.98	19.73	-4	-2	1
Manganese	<b>0.067</b>	<b>0.171</b>	<b>0.192</b>	<b>-153</b>	<b>-186</b>	<b>-13</b>
Nickel	0.004	0.003	0.003	23	9	-19
Potassium	1.56	1.84	2.07	-18	-33	-13
Sodium	4.789	6.288	6.025	-31	-26	4
Zinc	0.014	0.013	0.015	3	-7	-10



**Table 2: Percentage Differences between OW20 and other Overburden Wells**

Parameter	20 vs 1	20 vs 6	20 vs 7	20 vs 15s	20 vs 17	20 vs 18	20 vs 19	20 vs 21	20 vs 22	20 vs 23	20 vs 24	20 vs 25
Alkalinity	-66	-74	-92	-161	-34	-33	-148	1	-63	5	-23	6
N - Ammonia	82	19	-1326	-13	60	33	-7414	35	-935	15	-10	73
COD	84	57	65	-21	45	23	-36	69	56	57	38	68
DOC	-55	-201	-592	-601	-29	-180	-3521	-70	-425	2	-430	24
Conductivity	-204	-148	-132	-178	-48	-51	-217	-6	-71	-2	-29	9
Hardness	-109	-92	-78	-157	-50	-50	-131	-6	-95	-5	-25	11
pH	4	4	6	5	1	3	9	0	2	0	2	1
Phenols	44	44	35	-67	-81	3	-261	44	-48	44	33	44
Phosphorus, total	99	78	95	-26	67	62	90	89	90	83	94	91
Total Dissolved Solids	-194	-119	-100	-147	-35	-49	-192	-2	-60	-27	-22	17
Total Suspended Solids	100	96	99	39	92	88	100	98	98	95	97	98
Total Kjeldahl - N	77	-16	-242	-48	1	1	-1545	65	-124	47	-5	67
Chloride	-14719	-7483	-3613	-4094	-664	-622	-7817	-247	-1326	-178	-244	44
Sulphate	-16	-6	-109	-100	-123	-105	-197	-7	-167	-52	-82	75
Aluminum	-31	-41	62	62	62	62	-304	52	62	-794	23	62
Barium	-192	-248	-124	-117	-11	-15	-26	-21	11	21	18	-90
Boron	-262	-673	-1770	-2275	-218	-278	-3660	-258	-1147	-605	-286	-48
Calcium	-126	-152	-142	-161	-65	-65	-213	-17	-166	-10	-46	-10
Chromium	-160	-83	-83	-50	-75	-75	-200	0	-33	0	0	0
Cobalt	0	-43	-950	0	0	0	-110	0	-373	0	-12	-8
Copper	-27	-83	-105	26	26	-81		26	26	26	26	26
Iron	13	13	-303	-1645	13	13	-10332	-19	-531	-23	-405	13
Lead	-20	0	0	0	0	0	-50	0	0	0	0	0
Magnesium	-51	-24	-6	-153	-32	-32	-39	7	-14	1	-1	34
Manganese	83	-60	-2897	-49	-20	7	-4016	56	-3920	46	-695	71
Potassium	-23	-15	-229	-47	-28	-122	-959	59	-235	-11	-1176	15
Sodium	-1136	-701	-529	-399	-49	-38	-957	36	-288	-21	-1472	34
Zinc	0	0	0	0	0	0	0	0	0	0	0	0

	average concentration equal or better than background
	average concentration exceeds background by < -25%
	average concentration exceeds background > -25% and < -100%
	average concentration exceeds background > -100% and < -500%
	average Background exceeds background > -500% < -1000%
	average Background exceeds background > -1000%

In order to determine the degree of the differences between parameters a colour code was assigned as shown in Table 3. The higher the score the more that particular parameter exceeded the average concentration of the same parameter in the background well.

This analysis shows that the leachate parameters (highlighted) as proposed by Malroz appear in the first column scoring high compared to the background well. Other parameters also score high and could also be considered possible leachate indicator parameters.

The same scoring method was applied to the wells individually. Table 3 shows the scoring for each well compared to background. The same range of percentage differences as Table 1 is used.

**Table 3: Parameter Scores based on Degree of Percentage Differences.**

Score	Parameter	Score	Parameter
59	<b>Chloride</b>	30	Chromium
57	<b>Boron</b>	28	N - Ammonia
45	Sodium	27	TKN
43	<b>DOC</b>	27	Magnesium
39	Calcium	26	Cobalt
37	Conductivity	25	Aluminum
37	<b>TDS</b>	21	Phenols
37	Sulphate	20	Copper
37	Potassium	15	COD
36	<b>Manganese</b>	15	Lead
35	<b>Hardness</b>	14	TP
33	<b>Iron</b>	12	pH
31	<b>Alkalinity</b>	12	TSS
31	Barium	12	Zinc

**Table 3: Percentage Differences From Background Average Concentrations by Score.**

Range	20 vs 1	20 vs 6	20 vs 7	20 vs 15s	20 vs 17	20 vs 18	20 vs 19	20 vs 21	20 vs 22	20 vs 23	20 vs 24	20 vs 25
	11	9	8	7	12	13	4	18	8	17	17	24
	6	8	2	4	4	2	0	14	4	6	12	4
	15	21	9	18	33	27	12	3	18	2	6	6
	28	20	36	36	8	16	40	8	28	1	4	0
	0	10	15	5	5	5	10	0	10	2	10	0
	12	6	24	18	0	0	42	0	18	0	0	0
<b>Sum</b>	<b>72</b>	<b>74</b>	<b>94</b>	<b>88</b>	<b>62</b>	<b>63</b>	<b>108</b>	<b>43</b>	<b>86</b>	<b>28</b>	<b>49</b>	<b>34</b>

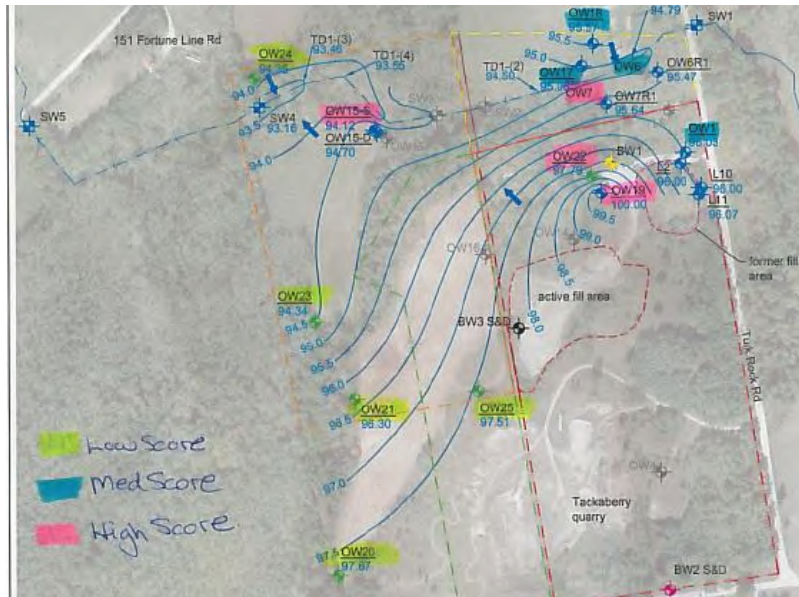
Figure 1 shows the scores on a map of the Briar Hill site. OM15S is the well closest to SW4 which shows leachate impacts. Of note are the blue coloured wells clustered just north of the tributary which have medium scores indicating that they may also be contributing to the water quality in the tributary.

**Summary**

The data indicates that Briar Hill WDS is negatively impacting on water quality in the tributary adjacent to the landfill site. The station with the worst water quality is the furthest downstream station (SW5) particularly for metals when compared to SW4.

Table 1 would indicate that SW4 is impacted by shallow leachate contaminated groundwater. SW5 does not show the same degree of impact by leachate indicator parameters as SW4.

**Figure 1. Map of Scored Overburden Wells**



This along with the elevated metals suggests another source may be impacting on SW5. Groundwater can determine if the wells north of the tributary are having any significant impact on water quality in the tributary.

The data also suggest that average concentrations for the period 2015-2017 are slightly worse than that for 2013-2014.

The reviewer is of the opinion that the current concentrations found in the tributary are unlikely to result in negative impacts to aquatic life in the tributary or to Morton Creek.

### Recommendations

1. Continue surface water monitoring sampling.
2. Determine if other sources may be impacting water quality at SW5.

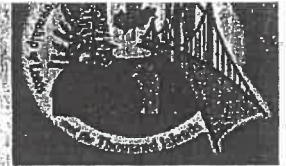
If you have any questions regarding the above comments or recommendations I would be pleased to discuss them with you.

Dana Cruikshank

c: Roberto Sacilotto  
 Shawn Kinney  
 File SW-LG-LT-03-06 (Brier Hill WDS, Twp Leeds and Thousand Islands)  
 File SW-07-02-12-02-02 (unnamed tributary of Morton Creek)

Appendix H  
Malroz Site Inspection

~~WARD 3~~ **BOJAR HILL**  
**WARD 3 (ESCOTT) WASTE DISPOSAL SITE A441073**  
**MONTHLY SITE INSPECTION REPORT**



Date of inspection: 14 Nov 18 (d/m/y)

Please check "✓" the boxes and fill in the blanks. Use the "Notes" area for additional information or clarification.

**1. Condition of the active disposal area, the recyclable bins, the tire bins, the white good bins, the scrap metal bins, and the brush and stump pile:**

- a) In which area of the site is disposal taking place?
- b) Did attendant routinely supervise waste disposal? Yes  No
- c) Was any hazardous or liquid industrial waste disposed? Yes  No
- d) Are recyclable materials and other goods being placed into correct bins? Yes  No
- e) How full are the recycling bins? 1/2 - full
- f) Are brush and stumps being segregated and stockpiled? Yes  No
- g) Has there been any burning of brush and stumps this month? Yes  No
- h) If yes, was the burning supervised? Yes  No

Notes: will always burn before compactor comes so that it is ground right away Overall Rating: Satisfactory  Unsatisfactory

**2. Condition of the surface water drainage works:**

- a) Are all ditches, swales, sediment control ponds, and rock check dams in working order? Yes  No   
If no, please explain.
- b) Is there any ponded water at the site? Yes  No   
If yes, please explain. @ base of brush stockpile
- c) Are any of the siltation control traps (ponds) full? Yes  No   
If yes, please explain.
- d) Was any cleaning of sediment accumulated in the ponds conducted this month? Yes  No

Notes: Overall Rating: Satisfactory  Unsatisfactory

**3. Condition of the on-site roads:**

- a) Is there any evidence of excessive erosion on the on-site road? Yes  No   
If yes, please explain.
- b) Is there excessive dust? Yes  No
- c) Has dust suppressant been used this month? Yes  No

Notes: Overall Rating: Satisfactory  Unsatisfactory

Appendix I  
Laboratory Certificates of Analyses

C.O.C.: G71688

REPORT No. B18-10748 (i)

Rev. 4

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Ben Clock

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 25-Apr-18  
 DATE REPORTED: 15-Feb-19  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

Client I.D.	18-W004	18-W006	18-W007	18-W009
Sample I.D.	B18-10748-1	B18-10748-3	B18-10748-4	B18-10748-5
Date Collected	24-Apr-18	24-Apr-18	24-Apr-18	24-Apr-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	26-Apr-18/O	531	260	742	337
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	26-Apr-18/K	0.02	0.12	11.7	0.07
BOD(5 day)	mg/L	2	SM 5210B	25-Apr-18/K	< 2	2	< 2	< 2
COD	mg/L	5	SM 5220D	30-Apr-18/O	14	24	67	12
Dissolved Organic Carbon	mg/L	0.2	EPA 415.1	27-Apr-18/O	3.4	4.4	13.7	2.4
Conductivity @25°C	µS/cm	1	SM 2510B	26-Apr-18/O	1010	570	1760	860
Hardness (as CaCO3)	mg/L	1	SM 3120	27-Apr-18/O	570	287	742	393
pH @25°C	pH Units		SM 4500H	26-Apr-18/O	7.54	8.12	7.54	7.79
Phenolics	mg/L	0.001	MOEE 3179	02-May-18/O	< 0.001	< 0.001	< 0.001	< 0.001
Phosphorus-Total	mg/L	0.01	E3199A.1	26-Apr-18/K	0.07	1.04	0.16	0.83
TDS (Calc. from Cond.)	mg/L	1	Calc.	01-May-18	535	302	964	455
Total Suspended Solids	mg/L	3	SM2540D	26-Apr-18/K	140	2040	115	3220
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	26-Apr-18/K	0.4	0.5	13.7	0.5
Chloride	mg/L	0.5	SM4110C	26-Apr-18/O	12.7	6.0	83.9	83.3
Nitrate (N)	mg/L	0.05	SM4110C	26-Apr-18/O	2.83	0.05	< 0.05	0.34
Nitrite (N)	mg/L	0.05	SM4110C	26-Apr-18/O	< 0.05	0.06	< 0.05	< 0.05
Sulphate	mg/L	1	SM4110C	26-Apr-18/O	15	35	57	5
Mercury	µg/L	0.02	SM 3112 B	30-Apr-18/O	< 0.02	< 0.02	< 0.02	< 0.02
Aluminum	µg/L	10	SM 3120	27-Apr-18/O	80	60	90	80
Arsenic	µg/L	0.1	EPA 200.8	08-May-18/O	< 0.5	1.3	< 0.5	< 0.1
Barium	µg/L	1	SM 3120	27-Apr-18/O	581	164	115	308
Boron	µg/L	5	SM 3120	27-Apr-18/O	84	42	1150	16
Cadmium	µg/L	0.015	EPA 200.8	08-May-18/O	0.088	< 0.015	< 0.059	< 0.015
Calcium	µg/L	20	SM 3120	27-Apr-18/O	168000	71000	190000	113000
Chromium	µg/L	1	EPA 200.8	08-May-18/O	< 1	< 1	< 1	< 1
Cobalt	µg/L	0.1	EPA 200.8	08-May-18/O	2.5	0.2	0.5	< 0.1
Copper	µg/L	0.1	EPA 200.8	08-May-18/O	1.6	< 0.1	0.5	0.4



R.L. = Reporting Limit

Test methods are modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
 Lab Manager

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C.O.C.: G71688

REPORT No. B18-10748 (i)

Rev. 4

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Ben Clock

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 25-Apr-18  
 DATE REPORTED: 15-Feb-19  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

<b>Client I.D.</b>	18-W004	18-W006	18-W007	18-W009
<b>Sample I.D.</b>	B18-10748-1	B18-10748-3	B18-10748-4	B18-10748-5
<b>Date Collected</b>	24-Apr-18	24-Apr-18	24-Apr-18	24-Apr-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Iron	µg/L	5	SM 3120	27-Apr-18/O	13	208	7290	16
Lead	µg/L	0.02	EPA 200.8	08-May-18/O	< 0.2	< 0.02	< 0.2	< 0.02
Magnesium	µg/L	20	SM 3120	27-Apr-18/O	36400	26600	65000	26900
Manganese	µg/L	1	SM 3120	27-Apr-18/O	42	56	64	1
Potassium	µg/L	100	SM 3120	27-Apr-18/O	7300	1500	36600	1200
Silver	µg/L	0.1	EPA 200.8	08-May-18/O	< 0.2	< 0.1	< 0.2	< 0.1
Sodium	µg/L	200	SM 3120	27-Apr-18/O	10700	17000	87000	29500
Strontium	µg/L	1	SM 3120	27-Apr-18/O	319	538	739	178
Uranium	µg/L	0.05	EPA 200.8	08-May-18/O	0.86	1.21	0.42	0.17
Vanadium	µg/L	5	SM 3120	27-Apr-18/O	< 5	< 5	< 5	< 5
Zinc	µg/L	5	SM 3120	27-Apr-18/O	< 5	< 5	< 5	< 5



Michelle Dubien  
 Lab Manager

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 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

Client I.D.	18-W010	18-W012	18-W014	18-W016
Sample I.D.	B18-10748-6	B18-10748-7	B18-10748-9	B18-10748-11
Date Collected	24-Apr-18	24-Apr-18	24-Apr-18	24-Apr-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	26-Apr-18/O	689	374	550	484
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	26-Apr-18/K	4.29	0.89	0.29	0.98
BOD(5 day)	mg/L	2	SM 5210B	25-Apr-18/K	7	< 2	4	< 2
COD	mg/L	5	SM 5220D	30-Apr-18/O	92	14	19	28
Dissolved Organic Carbon	mg/L	0.2	EPA 415.1	27-Apr-18/O	20.6	7.9	5.9	< 0.2
Conductivity @25°C	µS/cm	1	SM 2510B	26-Apr-18/O	1700	908	1280	1130
Hardness (as CaCO3)	mg/L	1	SM 3120	27-Apr-18/O	680	412	656	541
pH @25°C	pH Units		SM 4500H	26-Apr-18/O	7.75	7.86	7.86	7.74
Phenolics	mg/L	0.001	MOEE 3179	02-May-18/O	0.002	< 0.001	< 0.001	< 0.001
Phosphorus-Total	mg/L	0.01	E3199A.1	26-Apr-18/K	0.41	0.03	11.4	4.80
TDS (Calc. from Cond.)	mg/L	1	Calc.	01-May-18	932	481	678	599
Total Suspended Solids	mg/L	3	SM2540D	26-Apr-18/K	115	20	116000	35000
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	26-Apr-18/K	6.2	1.1	0.7	1.2
Chloride	mg/L	0.5	SM4110C	26-Apr-18/O	125	50.2	73.3	72.5
Nitrate (N)	mg/L	0.05	SM4110C	26-Apr-18/O	< 0.05	< 0.05	< 0.05	< 0.05
Nitrite (N)	mg/L	0.05	SM4110C	26-Apr-18/O	< 0.05	< 0.05	< 0.05	< 0.05
Sulphate	mg/L	1	SM4110C	26-Apr-18/O	79	46	43	47
Mercury	µg/L	0.02	SM 3112 B	30-Apr-18/O	< 0.02	< 0.02	< 0.02	< 0.02
Aluminum	µg/L	10	SM 3120	27-Apr-18/O	100	70	80	80
Arsenic	µg/L	0.1	EPA 200.8	08-May-18/O	1.7	0.2	1.2	0.6
Barium	µg/L	1	SM 3120	27-Apr-18/O	338	136	414	457
Boron	µg/L	5	SM 3120	27-Apr-18/O	299	705	235	238
Cadmium	µg/L	0.015	EPA 200.8	08-May-18/O	< 0.059	< 0.015	< 0.059	< 0.059
Calcium	µg/L	20	SM 3120	27-Apr-18/O	177000	110000	142000	139000
Chromium	µg/L	1	EPA 200.8	08-May-18/O	4	< 1	< 1	< 1
Cobalt	µg/L	0.1	EPA 200.8	08-May-18/O	1.0	0.1	< 0.1	0.4
Copper	µg/L	0.1	EPA 200.8	08-May-18/O	0.7	0.2	< 0.3	< 0.3



R.L. = Reporting Limit

Test methods are modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
 Lab Manager

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C.O.C.: G71688

REPORT No. B18-10748 (i)

Rev. 4

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Ben Clock

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 25-Apr-18  
 DATE REPORTED: 15-Feb-19  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

<b>Client I.D.</b>	18-W010	18-W012	18-W014	18-W016
<b>Sample I.D.</b>	B18-10748-6	B18-10748-7	B18-10748-9	B18-10748-11
<b>Date Collected</b>	24-Apr-18	24-Apr-18	24-Apr-18	24-Apr-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
					18-W010	18-W012	18-W014	18-W016
Iron	µg/L	5	SM 3120	27-Apr-18/O	21000	920	1740	1570
Lead	µg/L	0.02	EPA 200.8	08-May-18/O	< 0.2	0.03	< 0.2	< 0.2
Magnesium	µg/L	20	SM 3120	27-Apr-18/O	57800	33300	73200	47200
Manganese	µg/L	1	SM 3120	27-Apr-18/O	1220	148	42	144
Potassium	µg/L	100	SM 3120	27-Apr-18/O	56700	4400	3300	9200
Silver	µg/L	0.1	EPA 200.8	08-May-18/O	< 0.2	< 0.1	0.2	< 0.2
Sodium	µg/L	200	SM 3120	27-Apr-18/O	111000	39700	43900	41500
Strontium	µg/L	1	SM 3120	27-Apr-18/O	991	2900	867	535
Uranium	µg/L	0.05	EPA 200.8	08-May-18/O	0.60	1.32	< 0.05	2.42
Vanadium	µg/L	5	SM 3120	27-Apr-18/O	< 5	< 5	< 5	< 5
Zinc	µg/L	5	SM 3120	27-Apr-18/O	< 5	< 5	< 5	< 5



Michelle Dubien  
 Lab Manager

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 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

Client I.D.	18-W008	18-W017	18-W018	18-W019
Sample I.D.	B18-10748-12	B18-10748-13	B18-10748-14	B18-10748-15
Date Collected	24-Apr-18	24-Apr-18	24-Apr-18	24-Apr-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	26-Apr-18/O	382	211	215	234
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	26-Apr-18/K	0.12	0.21	0.19	0.11
BOD(5 day)	mg/L	2	SM 5210B	25-Apr-18/K	< 2	3	< 2	< 2
COD	mg/L	5	SM 5220D	30-Apr-18/O	7	25	< 5	< 5
Dissolved Organic Carbon	mg/L	0.2	EPA 415.1	27-Apr-18/O	0.8	2.1	2.0	1.9
Conductivity @25°C	µS/cm	1	SM 2510B	26-Apr-18/O	1910	462	519	438
Hardness (as CaCO3)	mg/L	1	SM 3120	27-Apr-18/O	667	245	273	242
pH @25°C	pH Units		SM 4500H	26-Apr-18/O	7.91	8.19	8.15	8.09
Phenolics	mg/L	0.001	MOEE 3179	02-May-18/O	< 0.001	< 0.001	< 0.001	< 0.001
Phosphorus-Total	mg/L	0.01	E3199A.1	26-Apr-18/K	0.19	5.10	2.11	0.43
TDS (Calc. from Cond.)	mg/L	1	Calc.	01-May-18	1047	244	275	222
Total Suspended Solids	mg/L	3	SM2540D	26-Apr-18/K	155	16000	2630	1770
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	26-Apr-18/K	0.2	0.7	0.4	0.2
Chloride	mg/L	0.5	SM4110C	26-Apr-18/O	414	4.9	8.2	0.8
Nitrate (N)	mg/L	0.05	SM4110C	26-Apr-18/O	2.25	0.06	10.1	0.59
Nitrite (N)	mg/L	0.05	SM4110C	26-Apr-18/O	< 0.05	< 0.05	< 0.05	< 0.05
Sulphate	mg/L	1	SM4110C	26-Apr-18/O	19	36	17	4
Mercury	µg/L	0.02	SM 3112 B	30-Apr-18/O	< 0.02	< 0.02	< 0.02	< 0.02
Aluminum	µg/L	10	SM 3120	27-Apr-18/O	80	40	50	40
Arsenic	µg/L	0.1	EPA 200.8	08-May-18/O	< 0.5	0.5	< 0.1	< 0.1
Barium	µg/L	1	SM 3120	27-Apr-18/O	817	122	291	446
Boron	µg/L	5	SM 3120	27-Apr-18/O	26	65	20	11
Cadmium	µg/L	0.015	EPA 200.8	08-May-18/O	< 0.059	< 0.015	< 0.015	< 0.015
Calcium	µg/L	20	SM 3120	27-Apr-18/O	176000	54100	66400	61200
Chromium	µg/L	1	EPA 200.8	08-May-18/O	< 1	< 1	< 1	< 1
Cobalt	µg/L	0.1	EPA 200.8	08-May-18/O	< 0.1	< 0.1	< 0.1	< 0.1



R.L. = Reporting Limit

Test methods are modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
 Lab Manager

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REPORT No. B18-10748 (i)

Rev. 4

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DATE RECEIVED: 25-Apr-18  
 DATE REPORTED: 15-Feb-19  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

<b>Client I.D.</b>	18-W008	18-W017	18-W018	18-W019
<b>Sample I.D.</b>	B18-10748-12	B18-10748-13	B18-10748-14	B18-10748-15
<b>Date Collected</b>	24-Apr-18	24-Apr-18	24-Apr-18	24-Apr-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Copper	µg/L	0.1	EPA 200.8	08-May-18/O	0.4	0.1	0.2	0.7
Iron	µg/L	5	SM 3120	27-Apr-18/O	9	107	< 5	< 5
Lead	µg/L	0.02	EPA 200.8	08-May-18/O	< 0.2	0.02	< 0.02	< 0.02
Magnesium	µg/L	20	SM 3120	27-Apr-18/O	55300	26700	26000	21700
Manganese	µg/L	1	SM 3120	27-Apr-18/O	< 1	13	< 1	< 1
Potassium	µg/L	100	SM 3120	27-Apr-18/O	3500	1700	1200	1100
Silver	µg/L	0.1	EPA 200.8	08-May-18/O	< 0.2	< 0.1	< 0.1	< 0.1
Sodium	µg/L	200	SM 3120	27-Apr-18/O	144000	6900	4200	1600
Strontium	µg/L	1	SM 3120	27-Apr-18/O	239	441	130	75
Uranium	µg/L	0.05	EPA 200.8	08-May-18/O	0.78	0.45	0.82	0.32
Vanadium	µg/L	5	SM 3120	27-Apr-18/O	< 5	< 5	< 5	< 5
Zinc	µg/L	5	SM 3120	27-Apr-18/O	< 5	< 5	< 5	< 5



Michelle Dubien  
 Lab Manager

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Tel: 613-544-2001  
Fax: 613-544-2770

DATE RECEIVED: 25-Apr-18  
DATE REPORTED: 15-Feb-19  
SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
P.O. NUMBER:  
WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.	18-W004	18-W006	18-W007	18-W009
					Sample I.D.	18-W004	18-W006	18-W007	18-W009
					Date Collected	24-Apr-18	24-Apr-18	24-Apr-18	24-Apr-18
Acetone	µg/L	2	EPA 8260	28-Apr-18/O	B18-10748-1	< 2	< 2	< 2	< 2
Benzene	µg/L	0.5	EPA 8260	28-Apr-18/O	B18-10748-3	< 0.5	< 0.5	< 0.5	< 0.5
Bromobenzene	µg/L	0.1	EPA 8260	28-Apr-18/O	B18-10748-4	< 0.1	< 0.1	< 0.1	< 0.1
Bromodichloromethane	µg/L	0.1	EPA 8260	28-Apr-18/O	B18-10748-5	< 0.1	< 0.1	< 0.1	< 0.1
Bromoform	µg/L	0.1	EPA 8260	28-Apr-18/O		< 0.1	< 0.1	< 0.1	< 0.1
Bromomethane	µg/L	0.3	EPA 8260	28-Apr-18/O		< 0.3	< 0.3	< 0.3	< 0.3
Carbon Tetrachloride	µg/L	0.2	EPA 8260	28-Apr-18/O		< 0.2	< 0.2	< 0.2	< 0.2
Chloroethane	µg/L	0.1	EPA 8260	28-Apr-18/O		< 0.1	< 0.1	< 0.1	< 0.1
Chloroform	µg/L	0.3	EPA 8260	28-Apr-18/O		< 0.3	< 0.3	< 0.3	< 0.3
Chloromethane	µg/L	0.3	EPA 8260	28-Apr-18/O		< 0.3	< 0.3	< 0.3	< 0.3
Chlorotoluene,2-	µg/L	0.2	EPA 8260	28-Apr-18/O		< 0.2	< 0.2	< 0.2	< 0.2
Chlorotoluene,4-	µg/L	0.2	EPA 8260	28-Apr-18/O		< 0.2	< 0.2	< 0.2	< 0.2
Dibromo-3-Chloropropane, 1,2-	µg/L	1	EPA 8260	28-Apr-18/O		< 1	< 1	< 1	< 1
Dibromochloromethane	µg/L	0.1	EPA 8260	28-Apr-18/O		< 0.1	< 0.1	< 0.1	< 0.1
Dibromoethane,1,2- (Ethylene Dibromide)	µg/L	0.1	EPA 8260	28-Apr-18/O		< 0.1	< 0.1	< 0.1	< 0.1
Dibromomethane	µg/L	1	EPA 8260	28-Apr-18/O		< 1	< 1	< 1	< 1
Dichlorobenzene,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O		< 0.1	< 0.1	< 0.1	< 0.1
Dichlorobenzene,1,3-	µg/L	0.1	EPA 8260	28-Apr-18/O		< 0.1	< 0.1	< 0.1	< 0.1
Dichlorobenzene,1,4-	µg/L	0.2	EPA 8260	28-Apr-18/O		< 0.2	< 0.2	< 0.2	< 0.2
Dichlorodifluoromethane	µg/L	1	EPA 8260	28-Apr-18/O		< 1	< 1	< 1	< 1
Dichloroethane,1,1-	µg/L	0.1	EPA 8260	28-Apr-18/O		< 0.1	< 0.1	0.8	< 0.1
Dichloroethane,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O		< 0.1	< 0.1	< 0.1	< 0.1
Dichloroethene, 1,1-	µg/L	0.1	EPA 8260	28-Apr-18/O		< 0.1	< 0.1	< 0.1	< 0.1
Dichloroethene, cis-1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O		< 0.1	< 0.1	0.9	< 0.1
Dichloroethene, trans-1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O		< 0.1	< 0.1	< 0.1	< 0.1



Michelle Dubien  
Lab Manager

R.L. = Reporting Limit

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Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

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**C.O.C.: G71688**

**REPORT No. B18-10748 (ii)**

**Rev. 4**

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Ben Clock

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 25-Apr-18  
 DATE REPORTED: 15-Feb-19  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

Parameter	Units	R.L.	Client I.D.		18-W004	18-W006	18-W007	18-W009
			Reference Method	Date/Site Analyzed	B18-10748-1	B18-10748-3	B18-10748-4	B18-10748-5
			Date Collected		24-Apr-18	24-Apr-18	24-Apr-18	24-Apr-18
Dichloromethane (Methylene Chloride)	µg/L	0.3	EPA 8260	28-Apr-18/O	< 0.3	< 0.3	< 0.3	< 0.3
Dichloropropane,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropane,1,3-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Dichloropropane,2,2-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Dichloropropene 1,3-cis+trans	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropene, cis-1,3-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropene, trans-1,3-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropene,1,1-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Ethylbenzene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5	0.9	< 0.5
Hexachlorobutadiene	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Hexane	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Isopropylbenzene	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Isopropyltoluene,4-	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	< 0.4
Methyl Butyl Ketone	µg/L	10	EPA 8260	28-Apr-18/O	< 10	< 10	< 10	< 10
Methyl Ethyl Ketone	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Methyl Isobutyl Ketone	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Methyl-t-butyl Ether	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Monochlorobenzene (Chlorobenzene)	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Naphthalene	µg/L	0.7	EPA 8260	28-Apr-18/O	< 0.7	< 0.7	< 0.7	< 0.7
n-Butylbenzene	µg/L	0.7	EPA 8260	28-Apr-18/O	< 0.7	< 0.7	< 0.7	< 0.7
n-Propylbenzene	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	< 0.4
sec-Butylbenzene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5	< 0.5	< 0.5
Styrene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5	< 0.5	< 0.5
tert-Butylbenzene	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Tetrachloroethane,1,1,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1



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Test methods are modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
 Lab Manager

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C.O.C.: G71688

REPORT No. B18-10748 (ii)

Rev. 4

**Report To:**

**Malroz Engineering Inc.**  
308 Wellington Street, 2nd Floor  
Kingston ON K7K 7A8 Canada  
**Attention:** Ben Clock

**Caduceon Environmental Laboratories**

285 Dalton Ave  
Kingston Ontario K7K 6Z1  
Tel: 613-544-2001  
Fax: 613-544-2770

DATE RECEIVED: 25-Apr-18  
DATE REPORTED: 15-Feb-19  
SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
P.O. NUMBER:  
WATERWORKS NO.

<b>Client I.D.</b>	18-W004	18-W006	18-W007	18-W009
<b>Sample I.D.</b>	B18-10748-1	B18-10748-3	B18-10748-4	B18-10748-5
<b>Date Collected</b>	24-Apr-18	24-Apr-18	24-Apr-18	24-Apr-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Tetrachloroethane, 1,1,2,2-	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	< 0.4
Tetrachloroethylene	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Toluene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorobenzene, 1,2,3-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Trichlorobenzene, 1,2,4-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Trichloroethane, 1,1,1-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Trichloroethane, 1,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Trichloroethylene	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Trichlorofluoromethane	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Trichloropropane, 1,2,3-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Trimethylbenzene, 1,2,4-	µg/L	2	EPA 8260	28-Apr-18/O	< 2	< 2	< 2	< 2
Trimethylbenzene, 1,3,5-	µg/L	0.6	EPA 8260	28-Apr-18/O	< 0.6	< 0.6	< 0.6	< 0.6
Vinyl Chloride	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Xylene, m,p-	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	< 0.4
Xylene, o-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Xylene, m,p,o-	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	< 0.4

1 Revised to include VOC calculations



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Test methods are modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston, W-Windsor, O-Ottawa, R-Richmond Hill, B-Barrie

Michelle Dubien  
Lab Manager

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REPORT No. B18-10748 (ii)

Rev. 4

**Report To:**

**Malroz Engineering Inc.**  
308 Wellington Street, 2nd Floor  
Kingston ON K7K 7A8 Canada  
**Attention:** Ben Clock

**Caduceon Environmental Laboratories**

285 Dalton Ave  
Kingston Ontario K7K 6Z1  
Tel: 613-544-2001  
Fax: 613-544-2770

DATE RECEIVED: 25-Apr-18  
DATE REPORTED: 15-Feb-19  
SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
P.O. NUMBER:  
WATERWORKS NO.

Client I.D.	18-W010	18-W012	18-W014	18-W016
Sample I.D.	B18-10748-6	B18-10748-7	B18-10748-9	B18-10748-11
Date Collected	24-Apr-18	24-Apr-18	24-Apr-18	24-Apr-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
					18-W010	18-W012	18-W014	18-W016
Acetone	µg/L	2	EPA 8260	28-Apr-18/O	< 2	< 2	< 2	< 2
Benzene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5	< 0.5	< 0.5
Bromobenzene	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Bromodichloromethane	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Bromoform	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Bromomethane	µg/L	0.3	EPA 8260	28-Apr-18/O	< 0.3	< 0.3	< 0.3	< 0.3
Carbon Tetrachloride	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Chloroethane	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Chloroform	µg/L	0.3	EPA 8260	28-Apr-18/O	< 0.3	< 0.3	< 0.3	< 0.3
Chloromethane	µg/L	0.3	EPA 8260	28-Apr-18/O	< 0.3	< 0.3	< 0.3	< 0.3
Chlorotoluene,2-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Chlorotoluene,4-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Dibromo-3-Chloropropane, 1,2-	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Dibromochloromethane	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dibromoethane,1,2- (Ethylene Dibromide)	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dibromomethane	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Dichlorobenzene,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichlorobenzene,1,3-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichlorobenzene,1,4-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Dichlorodifluoromethane	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Dichloroethane,1,1-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	0.3
Dichloroethane,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloroethene, 1,1-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloroethene, cis-1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	0.2
Dichloroethene, trans-1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1



R.L. = Reporting Limit

Test methods are modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
Lab Manager

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C.O.C.: G71688

REPORT No. B18-10748 (ii)

Rev. 4

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308 Wellington Street, 2nd Floor  
Kingston ON K7K 7A8 Canada  
**Attention:** Ben Clock

**Caduceon Environmental Laboratories**

285 Dalton Ave  
Kingston Ontario K7K 6Z1  
Tel: 613-544-2001  
Fax: 613-544-2770

DATE RECEIVED: 25-Apr-18  
DATE REPORTED: 15-Feb-19  
SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
P.O. NUMBER:  
WATERWORKS NO.

Parameter	Units	R.L.	Client I.D.		18-W010	18-W012	18-W014	18-W016
			Reference Method	Date/Site Analyzed	B18-10748-6	B18-10748-7	B18-10748-9	B18-10748-11
			Date Collected		24-Apr-18	24-Apr-18	24-Apr-18	24-Apr-18
Dichloromethane (Methylene Chloride)	µg/L	0.3	EPA 8260	28-Apr-18/O	< 0.3	< 0.3	< 0.3	< 0.3
Dichloropropane,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropane,1,3-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Dichloropropane,2,2-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Dichloropropene 1,3-cis+trans	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropene, cis-1,3-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropene, trans-1,3-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropene,1,1-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Ethylbenzene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5	< 0.5	< 0.5
Hexachlorobutadiene	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Hexane	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Isopropylbenzene	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Isopropyltoluene,4-	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	< 0.4
Methyl Butyl Ketone	µg/L	10	EPA 8260	28-Apr-18/O	< 10	< 10	< 10	< 10
Methyl Ethyl Ketone	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Methyl Isobutyl Ketone	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Methyl-t-butyl Ether	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Monochlorobenzene (Chlorobenzene)	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Naphthalene	µg/L	0.7	EPA 8260	28-Apr-18/O	< 0.7	< 0.7	< 0.7	< 0.7
n-Butylbenzene	µg/L	0.7	EPA 8260	28-Apr-18/O	< 0.7	< 0.7	< 0.7	< 0.7
n-Propylbenzene	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	< 0.4
sec-Butylbenzene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5	< 0.5	< 0.5
Styrene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5	< 0.5	< 0.5
tert-Butylbenzene	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Tetrachloroethane,1,1,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1



R.L. = Reporting Limit

Test methods are modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
Lab Manager

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C.O.C.: G71688

REPORT No. B18-10748 (ii)

Rev. 4

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**Attention:** Ben Clock

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285 Dalton Ave  
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 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 25-Apr-18  
 DATE REPORTED: 15-Feb-19  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

<b>Client I.D.</b>	18-W010	18-W012	18-W014	18-W016
<b>Sample I.D.</b>	B18-10748-6	B18-10748-7	B18-10748-9	B18-10748-11
<b>Date Collected</b>	24-Apr-18	24-Apr-18	24-Apr-18	24-Apr-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Tetrachloroethane, 1,1,2,2-	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	< 0.4
Tetrachloroethylene	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Toluene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorobenzene, 1,2,3-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Trichlorobenzene, 1,2,4-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Trichloroethane, 1,1,1-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Trichloroethane, 1,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Trichloroethylene	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Trichlorofluoromethane	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Trichloropropane, 1,2,3-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Trimethylbenzene, 1,2,4-	µg/L	2	EPA 8260	28-Apr-18/O	< 2	< 2	< 2	< 2
Trimethylbenzene, 1,3,5-	µg/L	0.6	EPA 8260	28-Apr-18/O	< 0.6	< 0.6	< 0.6	< 0.6
Vinyl Chloride	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Xylene, m,p-	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	< 0.4
Xylene, o-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Xylene, m,p,o-	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	< 0.4

1 Revised to include VOC calculations



R.L. = Reporting Limit

Test methods are modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston, W-Windsor, O-Ottawa, R-Richmond Hill, B-Barrie

Michelle Dubien  
 Lab Manager

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C.O.C.: G71688

REPORT No. B18-10748 (ii)

Rev. 4

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Ben Clock

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 25-Apr-18  
 DATE REPORTED: 15-Feb-19  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

<b>Client I.D.</b>	18-W008	18-W017	18-W018	18-W019
<b>Sample I.D.</b>	B18-10748-12	B18-10748-13	B18-10748-14	B18-10748-15
<b>Date Collected</b>	24-Apr-18	24-Apr-18	24-Apr-18	24-Apr-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Acetone	µg/L	2	EPA 8260	28-Apr-18/O	< 2	< 2	< 2	< 2
Benzene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5	< 0.5	< 0.5
Bromobenzene	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Bromodichloromethane	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Bromoform	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Bromomethane	µg/L	0.3	EPA 8260	28-Apr-18/O	< 0.3	< 0.3	< 0.3	< 0.3
Carbon Tetrachloride	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Chloroethane	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Chloroform	µg/L	0.3	EPA 8260	28-Apr-18/O	< 0.3	< 0.3	< 0.3	< 0.3
Chloromethane	µg/L	0.3	EPA 8260	28-Apr-18/O	< 0.3	< 0.3	< 0.3	< 0.3
Chlorotoluene,2-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Chlorotoluene,4-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Dibromo-3-Chloropropane, 1,2-	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Dibromochloromethane	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dibromoethane, 1,2- (Ethylene Dibromide)	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dibromomethane	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Dichlorobenzene, 1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichlorobenzene, 1,3-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichlorobenzene, 1,4-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Dichlorodifluoromethane	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Dichloroethane, 1,1-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloroethane, 1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloroethene, 1,1-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloroethene, cis-1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloroethene, trans-1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1



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Michelle Dubien  
 Lab Manager

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C.O.C.: G71688

REPORT No. B18-10748 (ii)

Rev. 4

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308 Wellington Street, 2nd Floor  
Kingston ON K7K 7A8 Canada  
**Attention:** Ben Clock

**Caduceon Environmental Laboratories**

285 Dalton Ave  
Kingston Ontario K7K 6Z1  
Tel: 613-544-2001  
Fax: 613-544-2770

DATE RECEIVED: 25-Apr-18  
DATE REPORTED: 15-Feb-19  
SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
P.O. NUMBER:  
WATERWORKS NO.

Client I.D.	18-W008	18-W017	18-W018	18-W019
Sample I.D.	B18-10748-12	B18-10748-13	B18-10748-14	B18-10748-15
Date Collected	24-Apr-18	24-Apr-18	24-Apr-18	24-Apr-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Dichloromethane (Methylene Chloride)	µg/L	0.3	EPA 8260	28-Apr-18/O	< 0.3	< 0.3	< 0.3	< 0.3
Dichloropropane,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropane,1,3-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Dichloropropane,2,2-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Dichloropropene 1,3-cis+trans	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropene, cis-1,3-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropene, trans-1,3-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropene,1,1-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Ethylbenzene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5	< 0.5	< 0.5
Hexachlorobutadiene	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Hexane	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Isopropylbenzene	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Isopropyltoluene,4-	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	< 0.4
Methyl Butyl Ketone	µg/L	10	EPA 8260	28-Apr-18/O	< 10	< 10	< 10	< 10
Methyl Ethyl Ketone	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Methyl Isobutyl Ketone	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Methyl-t-butyl Ether	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Monochlorobenzene (Chlorobenzene)	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Naphthalene	µg/L	0.7	EPA 8260	28-Apr-18/O	< 0.7	< 0.7	< 0.7	< 0.7
n-Butylbenzene	µg/L	0.7	EPA 8260	28-Apr-18/O	< 0.7	< 0.7	< 0.7	< 0.7
n-Propylbenzene	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	< 0.4
sec-Butylbenzene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5	< 0.5	< 0.5
Styrene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5	< 0.5	< 0.5
tert-Butylbenzene	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1



R.L. = Reporting Limit

Test methods are modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
Lab Manager

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C.O.C.: G71688

REPORT No. B18-10748 (ii)

Rev. 4

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Ben Clock

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 25-Apr-18  
 DATE REPORTED: 15-Feb-19  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

<b>Client I.D.</b>	18-W008	18-W017	18-W018	18-W019
<b>Sample I.D.</b>	B18-10748-12	B18-10748-13	B18-10748-14	B18-10748-15
<b>Date Collected</b>	24-Apr-18	24-Apr-18	24-Apr-18	24-Apr-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Tetrachloroethane,1,1,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Tetrachloroethane,1,1,2,2-	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	< 0.4
Tetrachloroethylene	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Toluene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorobenzene,1,2,3-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Trichlorobenzene,1,2,4-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Trichloroethane,1,1,1-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Trichloroethane,1,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Trichloroethylene	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Trichlorofluoromethane	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Trichloropropane,1,2,3-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Trimethylbenzene,1,2,4-	µg/L	2	EPA 8260	28-Apr-18/O	< 2	< 2	< 2	< 2
Trimethylbenzene,1,3,5-	µg/L	0.6	EPA 8260	28-Apr-18/O	< 0.6	< 0.6	< 0.6	< 0.6
Vinyl Chloride	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Xylene, m,p-	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	< 0.4
Xylene, o-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Xylene, m,p,o-	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	< 0.4

1. Revised to include VOC calculations



Michelle Dubien  
 Lab Manager

R.L. = Reporting Limit

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Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

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C.O.C.: G71691

REPORT No. B18-10881 (i)

Rev. 4

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Ben Clock

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 25-Apr-18  
 DATE REPORTED: 14-Feb-19  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

Client I.D.	18-W020	18-W021	18-W023	18-W024
Sample I.D.	B18-10881-1	B18-10881-2	B18-10881-4	B18-10881-5
Date Collected	25-Apr-18	25-Apr-18	25-Apr-18	25-Apr-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	26-Apr-18/O	320	297	387	282
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	26-Apr-18/K	0.05	0.04	0.04	0.88
BOD(5 day)	mg/L	2	SM 5210B	27-Apr-18/K	< 2	3	< 2	< 2
COD	mg/L	5	SM 5220D	30-Apr-18/O	27	< 5	11	5
Dissolved Organic Carbon	mg/L	0.2	EPA 415.1	27-Apr-18/O	4.8	4.4	2.6	5.3
Conductivity @25°C	µS/cm	1	SM 2510B	26-Apr-18/O	813	695	1180	772
Hardness (as CaCO3)	mg/L	1	SM 3120	27-Apr-18/O	404	370	455	302
pH @25°C	pH Units		SM 4500H	26-Apr-18/O	8.05	8.15	7.87	8.00
Phenolics	mg/L	0.001	MOEE 3179	02-May-18/O	< 0.001	< 0.001	< 0.001	< 0.001
Phosphorus-Total	mg/L	0.01	E3199A.1	27-Apr-18/K	6.10	0.64	2.25	0.24
TDS (Calc. from Cond.)	mg/L	1	Calc.	01-May-18	431	368	625	409
Total Suspended Solids	mg/L	3	SM2540D	26-Apr-18/K	33800	3950	5350	250
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	27-Apr-18/K	0.8	0.3	0.5	1.2
Chloride	mg/L	0.5	SM4110C	26-Apr-18/O	17.9	19.1	146	44.9
Nitrate (N)	mg/L	0.05	SM4110C	26-Apr-18/O	13.6	0.05	0.96	0.09
Nitrite (N)	mg/L	0.05	SM4110C	26-Apr-18/O	< 0.05	< 0.05	< 0.05	< 0.05
Sulphate	mg/L	1	SM4110C	26-Apr-18/O	36	44	19	46
Mercury	µg/L	0.02	SM 3112 B	30-Apr-18/O	< 0.02	< 0.02	< 0.02	< 0.02
Aluminum	µg/L	10	SM 3120	27-Apr-18/O	50	60	80	40
Arsenic	µg/L	0.1	EPA 200.8	30-Apr-18/O	0.2	< 0.1	< 0.1	0.2
Barium	µg/L	1	SM 3120	27-Apr-18/O	205	285	775	222
Boron	µg/L	5	SM 3120	27-Apr-18/O	39	25	59	163
Cadmium	µg/L	0.015	EPA 200.8	30-Apr-18/O	< 0.015	0.022	< 0.015	0.034
Calcium	µg/L	20	SM 3120	27-Apr-18/O	101000	88000	128000	88300
Chromium	µg/L	1	EPA 200.8	30-Apr-18/O	< 1	< 1	< 1	< 1
Cobalt	µg/L	0.1	EPA 200.8	30-Apr-18/O	1.0	0.8	1.1	5.2
Copper	µg/L	0.1	EPA 200.8	30-Apr-18/O	3.2	0.2	1.6	1.5



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Michelle Dubien  
 Lab Manager

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REPORT No. B18-10881 (i)

Rev. 4

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 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Ben Clock

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 25-Apr-18  
 DATE REPORTED: 14-Feb-19  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

<b>Client I.D.</b>	18-W020	18-W021	18-W023	18-W024
<b>Sample I.D.</b>	B18-10881-1	B18-10881-2	B18-10881-4	B18-10881-5
<b>Date Collected</b>	25-Apr-18	25-Apr-18	25-Apr-18	25-Apr-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Iron	µg/L	5	SM 3120	27-Apr-18/O	< 5	< 5	< 5	409
Lead	µg/L	0.02	EPA 200.8	30-Apr-18/O	< 0.02	0.03	< 0.02	< 0.02
Magnesium	µg/L	20	SM 3120	27-Apr-18/O	36900	36400	32800	19800
Manganese	µg/L	1	SM 3120	27-Apr-18/O	5	64	9	382
Potassium	µg/L	100	SM 3120	27-Apr-18/O	21600	1900	2800	9900
Silver	µg/L	0.02	EPA 200.8	30-Apr-18/O	< 0.02	< 0.02	< 0.02	< 0.02
Sodium	µg/L	200	SM 3120	27-Apr-18/O	7700	9200	81100	46800
Strontium	µg/L	1	SM 3120	27-Apr-18/O	222	291	278	255
Uranium	µg/L	0.05	EPA 200.8	30-Apr-18/O	2.59	0.74	0.53	0.41
Vanadium	µg/L	5	SM 3120	27-Apr-18/O	< 5	< 5	< 5	< 5
Zinc	µg/L	5	SM 3120	27-Apr-18/O	< 5	< 5	< 5	< 5



Michelle Dubien  
 Lab Manager

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 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

Client I.D.	18-W026	18-W027	18-W028	18-W011
Sample I.D.	B18-10881-7	B18-10881-8	B18-10881-9	B18-10881-10
Date Collected	25-Apr-18	25-Apr-18	25-Apr-18	24-Apr-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	26-Apr-18/O	226	195	261	507
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	26-Apr-18/K	0.09	0.01	0.08	1.80
BOD(5 day)	mg/L	2	SM 5210B	27-Apr-18/K	6	2	< 2	
COD	mg/L	5	SM 5220D	30-Apr-18/O	24	< 5	33	72
Dissolved Organic Carbon	mg/L	0.2	EPA 415.1	27-Apr-18/O	3.1	1.7	3.5	
Conductivity @25°C	µS/cm	1	SM 2510B	26-Apr-18/O	465	527	1050	1430
Hardness (as CaCO3)	mg/L	1	SM 3120	27-Apr-18/O	249	258	280	575
pH @25°C	pH Units		SM 4500H	26-Apr-18/O	8.30	8.19	8.18	7.85
Phenolics	mg/L	0.001	MOEE 3179	02-May-18/O	< 0.001	< 0.001	< 0.001	< 0.001
Phosphorus-Total	mg/L	0.01	E3199A.1	27-Apr-18/K	10.3	0.02	0.91	0.24
TDS (Calc. from Cond.)	mg/L	1	Calc.	01-May-18	246	279	556	778
Total Suspended Solids	mg/L	3	SM2540D	26-Apr-18/K	233000	4	860	
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	27-Apr-18/K	0.4	0.1	0.8	2.8
Chloride	mg/L	0.5	SM4110C	26-Apr-18/O	2.0	35.4	74.5	93.4
Nitrate (N)	mg/L	0.05	SM4110C	26-Apr-18/O	0.06	0.34	12.9	1.72
Nitrite (N)	mg/L	0.05	SM4110C	26-Apr-18/O	< 0.05	< 0.05	< 0.05	< 0.05
Sulphate	mg/L	1	SM4110C	26-Apr-18/O	19	17	109	114
Mercury	µg/L	0.02	SM 3112 B	30-Apr-18/O	< 0.02	< 0.02	< 0.02	< 0.02
Aluminum	µg/L	10	SM 3120	27-Apr-18/O	40	50	50	80
Arsenic	µg/L	0.1	EPA 200.8	30-Apr-18/O	1.7	0.1	0.5	0.6
Barium	µg/L	1	SM 3120	27-Apr-18/O	174	143	24	167
Boron	µg/L	5	SM 3120	27-Apr-18/O	8	7	19	260
Cadmium	µg/L	0.015	EPA 200.8	30-Apr-18/O	< 0.015	< 0.015	0.079	0.054
Calcium	µg/L	20	SM 3120	27-Apr-18/O	54600	66100	71900	161000
Chromium	µg/L	1	EPA 200.8	30-Apr-18/O	< 1	< 1	< 1	< 1
Cobalt	µg/L	0.1	EPA 200.8	30-Apr-18/O	0.6	0.5	0.6	8.8
Copper	µg/L	0.1	EPA 200.8	30-Apr-18/O	0.3	< 0.1	2.5	2.8



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Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
 Lab Manager

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C.O.C.: G71691

REPORT No. B18-10881 (i)

Rev. 4

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Ben Clock

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 25-Apr-18  
 DATE REPORTED: 14-Feb-19  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

<b>Client I.D.</b>	18-W026	18-W027	18-W028	18-W011
<b>Sample I.D.</b>	B18-10881-7	B18-10881-8	B18-10881-9	B18-10881-10
<b>Date Collected</b>	25-Apr-18	25-Apr-18	25-Apr-18	24-Apr-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Iron	µg/L	5	SM 3120	27-Apr-18/O	12	< 5	7	< 5
Lead	µg/L	0.02	EPA 200.8	30-Apr-18/O	0.05	< 0.02	0.04	0.60
Magnesium	µg/L	20	SM 3120	27-Apr-18/O	27400	22600	24500	42000
Manganese	µg/L	1	SM 3120	27-Apr-18/O	16	2	2	2
Potassium	µg/L	100	SM 3120	27-Apr-18/O	1700	1500	3400	25500
Silver	µg/L	0.02	EPA 200.8	30-Apr-18/O	< 0.02	< 0.02	< 0.02	< 0.02
Sodium	µg/L	200	SM 3120	27-Apr-18/O	5400	8500	133000	81300
Strontium	µg/L	1	SM 3120	27-Apr-18/O	134	140	225	497
Uranium	µg/L	0.05	EPA 200.8	30-Apr-18/O	1.18	0.82	12.5	1.65
Vanadium	µg/L	5	SM 3120	27-Apr-18/O	< 5	< 5	< 5	17
Zinc	µg/L	5	SM 3120	27-Apr-18/O	< 5	< 5	12	< 5



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JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

Client I.D.	18-W020	18-W021	18-W023	18-W024
Sample I.D.	B18-10881-1	B18-10881-2	B18-10881-4	B18-10881-5
Date Collected	25-Apr-18	25-Apr-18	25-Apr-18	25-Apr-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Acetone	µg/L	2	EPA 8260	28-Apr-18/O	< 2	< 2	< 2	< 2
Benzene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5	< 0.5	< 0.5
Bromobenzene	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Bromodichloromethane	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Bromoform	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Bromomethane	µg/L	0.3	EPA 8260	28-Apr-18/O	< 0.3	< 0.3	< 0.3	< 0.3
Carbon Tetrachloride	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Chloroethane	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Chloroform	µg/L	0.3	EPA 8260	28-Apr-18/O	< 0.3	< 0.3	< 0.3	< 0.3
Chloromethane	µg/L	0.3	EPA 8260	28-Apr-18/O	< 0.3	< 0.3	< 0.3	< 0.3
Chlorotoluene,2-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Chlorotoluene,4-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Dibromo-3-Chloropropane, 1,2-	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Dibromochloromethane	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dibromoethane,1,2- (Ethylene Dibromide)	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dibromomethane	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Dichlorobenzene,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichlorobenzene,1,3-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichlorobenzene,1,4-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Dichlorodifluoromethane	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Dichloroethane,1,1-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloroethane,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloroethene, 1,1-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloroethene, cis-1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloroethene, trans-1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1



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 Lab Manager

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 Tel: 613-544-2001  
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DATE RECEIVED: 25-Apr-18  
 DATE REPORTED: 14-Feb-19  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.			
					18-W020	18-W021	18-W023	18-W024
					Sample I.D.	Sample I.D.	Sample I.D.	Sample I.D.
					Date Collected	Date Collected	Date Collected	Date Collected
Dichloromethane (Methylene Chloride)	µg/L	0.3	EPA 8260	28-Apr-18/O	< 0.3	< 0.3	< 0.3	< 0.3
Dichloropropane,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropane,1,3-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Dichloropropane,2,2-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Dichloropropene 1,3-cis+trans	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropene, cis-1,3-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropene, trans-1,3-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropene,1,1-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Ethylbenzene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5	< 0.5	< 0.5
Hexachlorobutadiene	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Hexane	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Isopropylbenzene	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Isopropyltoluene,4-	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	< 0.4
Methyl Butyl Ketone	µg/L	10	EPA 8260	28-Apr-18/O	< 10	< 10	< 10	< 10
Methyl Ethyl Ketone	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Methyl Isobutyl Ketone	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Methyl-t-butyl Ether	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Monochlorobenzene (Chlorobenzene)	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Naphthalene	µg/L	0.7	EPA 8260	28-Apr-18/O	< 0.7	< 0.7	< 0.7	< 0.7
n-Butylbenzene	µg/L	0.7	EPA 8260	28-Apr-18/O	< 0.7	< 0.7	< 0.7	< 0.7
n-Propylbenzene	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	< 0.4
sec-Butylbenzene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5	< 0.5	< 0.5
Styrene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5	< 0.5	< 0.5
tert-Butylbenzene	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Tetrachloroethane,1,1,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1



R.L. = Reporting Limit

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Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
 Lab Manager

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C.O.C.: G71691

REPORT No. B18-10881 (ii)

Rev. 4

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Ben Clock

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 25-Apr-18  
 DATE REPORTED: 14-Feb-19  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

<b>Client I.D.</b>	18-W020	18-W021	18-W023	18-W024
<b>Sample I.D.</b>	B18-10881-1	B18-10881-2	B18-10881-4	B18-10881-5
<b>Date Collected</b>	25-Apr-18	25-Apr-18	25-Apr-18	25-Apr-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Tetrachloroethane,1,1,2,2-	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	< 0.4
Tetrachloroethylene	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Toluene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorobenzene,1,2,3-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Trichlorobenzene,1,2,4-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Trichloroethane,1,1,1-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Trichloroethane,1,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Trichloroethylene	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Trichlorofluoromethane	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Trichloropropane,1,2,3-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Trimethylbenzene,1,2,4-	µg/L	2	EPA 8260	28-Apr-18/O	< 2	< 2	< 2	< 2
Trimethylbenzene,1,3,5-	µg/L	0.6	EPA 8260	28-Apr-18/O	< 0.6	< 0.6	< 0.6	< 0.6
Vinyl Chloride	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Xylene, m,p-	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	< 0.4
Xylene, o-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Xylene, m,p,o-	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	< 0.4

1 Revised to include VOC calculations



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Client I.D.	18-W026	18-W027	18-W028	18-W011
Sample I.D.	B18-10881-7	B18-10881-8	B18-10881-9	B18-10881-10
Date Collected	25-Apr-18	25-Apr-18	25-Apr-18	24-Apr-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Acetone	µg/L	2	EPA 8260	28-Apr-18/O	< 2	< 2	< 2	< 2
Benzene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5	< 0.5	< 0.5
Bromobenzene	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Bromodichloromethane	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Bromoform	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Bromomethane	µg/L	0.3	EPA 8260	28-Apr-18/O	< 0.3	< 0.3	< 0.3	< 0.3
Carbon Tetrachloride	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Chloroethane	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Chloroform	µg/L	0.3	EPA 8260	28-Apr-18/O	< 0.3	< 0.3	< 0.3	< 0.3
Chloromethane	µg/L	0.3	EPA 8260	28-Apr-18/O	< 0.3	< 0.3	< 0.3	< 0.3
Chlorotoluene,2-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Chlorotoluene,4-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Dibromo-3-Chloropropane, 1,2-	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Dibromochloromethane	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dibromoethane,1,2- (Ethylene Dibromide)	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dibromomethane	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Dichlorobenzene,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichlorobenzene,1,3-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichlorobenzene,1,4-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	0.3
Dichlorodifluoromethane	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Dichloroethane,1,1-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloroethane,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloroethene, 1,1-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloroethene, cis-1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloroethene, trans-1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1



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Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.			
					18-W026	18-W027	18-W028	18-W011
					Sample I.D.	Sample I.D.	Sample I.D.	Sample I.D.
					Date Collected	Date Collected	Date Collected	Date Collected
Dichloromethane (Methylene Chloride)	µg/L	0.3	EPA 8260	28-Apr-18/O	< 0.3	< 0.3	< 0.3	< 0.3
Dichloropropane,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropane,1,3-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Dichloropropane,2,2-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Dichloropropene 1,3-cis+trans	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropene, cis-1,3-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropene, trans-1,3-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropene,1,1-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Ethylbenzene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5	< 0.5	< 0.5
Hexachlorobutadiene	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Hexane	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Isopropylbenzene	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Isopropyltoluene,4-	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	< 0.4
Methyl Butyl Ketone	µg/L	10	EPA 8260	28-Apr-18/O	< 10	< 10	< 10	< 10
Methyl Ethyl Ketone	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Methyl Isobutyl Ketone	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Methyl-t-butyl Ether	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	< 1
Monochlorobenzene (Chlorobenzene)	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Naphthalene	µg/L	0.7	EPA 8260	28-Apr-18/O	< 0.7	< 0.7	< 0.7	< 0.7
n-Butylbenzene	µg/L	0.7	EPA 8260	28-Apr-18/O	< 0.7	< 0.7	< 0.7	< 0.7
n-Propylbenzene	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	< 0.4
sec-Butylbenzene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5	< 0.5	< 0.5
Styrene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5	< 0.5	< 0.5
tert-Butylbenzene	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Tetrachloroethane,1,1,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1



R.L. = Reporting Limit

Test methods are modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
 Lab Manager

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior consent from Caduceon Environmental Laboratories.

C.O.C.: G71691

REPORT No. B18-10881 (ii)

Rev. 4

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Ben Clock

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 25-Apr-18  
 DATE REPORTED: 14-Feb-19  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

<b>Client I.D.</b>	18-W026	18-W027	18-W028	18-W011
<b>Sample I.D.</b>	B18-10881-7	B18-10881-8	B18-10881-9	B18-10881-10
<b>Date Collected</b>	25-Apr-18	25-Apr-18	25-Apr-18	24-Apr-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Tetrachloroethane, 1,1,2,2-	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	< 0.4
Tetrachloroethylene	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Toluene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorobenzene, 1,2,3-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Trichlorobenzene, 1,2,4-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Trichloroethane, 1,1,1-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Trichloroethane, 1,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Trichloroethylene	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Trichlorofluoromethane	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Trichloropropane, 1,2,3-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Trimethylbenzene, 1,2,4-	µg/L	2	EPA 8260	28-Apr-18/O	< 2	< 2	< 2	< 2
Trimethylbenzene, 1,3,5-	µg/L	0.6	EPA 8260	28-Apr-18/O	< 0.6	< 0.6	< 0.6	< 0.6
Vinyl Chloride	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Xylene, m,p-	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	< 0.4
Xylene, o-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Xylene, m,p,o-	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	< 0.4

1 Revised to include VOC calculations



R.L. = Reporting Limit

Test methods are modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston, W-Windsor, O-Ottawa, R-Richmond Hill, B-Barrie

Michelle Dubien  
 Lab Manager

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C.O.C.: G71688

REPORT No. B18-10748 (i)

Rev. 5

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Ben Clock

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 25-Apr-18  
 DATE REPORTED: 15-Feb-19  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

<b>Client I.D.</b>	18-W005	18-W013	18-W015
<b>Sample I.D.</b>	B18-10748-2	B18-10748-8	B18-10748-10
<b>Date Collected</b>	24-Apr-18	24-Apr-18	24-Apr-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	26-Apr-18/O	264	568	493
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	26-Apr-18/K	0.10	0.05	0.86
BOD(5 day)	mg/L	2	SM 5210B	25-Apr-18/K	< 2	< 2	< 2
COD	mg/L	5	SM 5220D	30-Apr-18/O	< 5	9	11
Dissolved Organic Carbon	mg/L	0.2	EPA 415.1	27-Apr-18/O	3.5	5.8	6.1
Conductivity @25°C	µS/cm	1	SM 2510B	26-Apr-18/O	579	1280	1140
Hardness (as CaCO3)	mg/L	1	SM 3120	27-Apr-18/O	259	652	556
pH @25°C	pH Units		SM 4500H	26-Apr-18/O	8.07	7.85	7.67
Phenolics	mg/L	0.001	MOEE 3179	02-May-18/O	< 0.001	< 0.001	< 0.001
Phosphorus-Total	mg/L	0.01	E3199A.1	26-Apr-18/K	0.06	1.08	0.01
TDS (Calc. from Cond.)	mg/L	1	Calc.	01-May-18	306	678	604
Total Suspended Solids	mg/L	3	SM2540D	26-Apr-18/K	12	1090	9
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	26-Apr-18/K	0.2	0.3	1.0
Chloride	mg/L	0.5	SM4110C	26-Apr-18/O	6.0	73.7	72.5
Nitrate (N)	mg/L	0.05	SM4110C	26-Apr-18/O	< 0.05	< 0.05	< 0.05
Nitrite (N)	mg/L	0.05	SM4110C	26-Apr-18/O	< 0.05	< 0.05	< 0.05
Sulphate	mg/L	1	SM4110C	26-Apr-18/O	36	42	47
Mercury	µg/L	0.02	SM 3112 B	30-Apr-18/O	< 0.02	< 0.02	< 0.02
Aluminum	µg/L	10	SM 3120	27-Apr-18/O	50	80	80
Arsenic	µg/L	0.1	EPA 200.8	08-May-18/O	1.5	< 0.5	0.9
Barium	µg/L	1	SM 3120	27-Apr-18/O	159	345	464
Boron	µg/L	5	SM 3120	27-Apr-18/O	43	237	241
Cadmium	µg/L	0.015	EPA 200.8	08-May-18/O	< 0.015	< 0.059	< 0.059
Calcium	µg/L	20	SM 3120	27-Apr-18/O	63500	142000	143000
Chromium	µg/L	1	EPA 200.8	08-May-18/O	< 1	< 1	< 1
Cobalt	µg/L	0.1	EPA 200.8	08-May-18/O	0.2	< 0.1	0.5



R.L. = Reporting Limit

Test methods are modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
 Lab Manager

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior consent from Caduceon Environmental Laboratories.



C.O.C.: G71688

REPORT No. B18-10748 (i)

Rev. 5

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Ben Clock

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 25-Apr-18  
 DATE REPORTED: 15-Feb-19  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

<b>Client I.D.</b>	18-W005	18-W013	18-W015	
<b>Sample I.D.</b>	B18-10748-2	B18-10748-8	B18-10748-10	
<b>Date Collected</b>	24-Apr-18	24-Apr-18	24-Apr-18	

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Copper	µg/L	0.1	EPA 200.8	08-May-18/O	0.4	0.4	< 0.3	
Iron	µg/L	5	SM 3120	27-Apr-18/O	248	2270	1610	
Lead	µg/L	0.02	EPA 200.8	08-May-18/O	< 0.02	< 0.2	< 0.2	
Magnesium	µg/L	20	SM 3120	27-Apr-18/O	24400	72200	48200	
Manganese	µg/L	1	SM 3120	27-Apr-18/O	47	42	144	
Potassium	µg/L	100	SM 3120	27-Apr-18/O	1600	3200	9400	
Silver	µg/L	0.1	EPA 200.8	08-May-18/O	< 0.1	< 0.2	0.4	
Sodium	µg/L	200	SM 3120	27-Apr-18/O	29900	43700	41800	
Strontium	µg/L	1	SM 3120	27-Apr-18/O	482	833	526	
Uranium	µg/L	0.05	EPA 200.8	08-May-18/O	2.07	< 0.05	2.50	
Vanadium	µg/L	5	SM 3120	27-Apr-18/O	< 5	< 5	< 5	
Zinc	µg/L	5	SM 3120	27-Apr-18/O	< 5	< 5	< 5	



Michelle Dubien  
 Lab Manager

R.L. = Reporting Limit  
 Test methods are modified from specified reference method unless indicated by an \*  
 Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

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C.O.C.: G71688

REPORT No. B18-10748 (ii)

Rev. 5

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Ben Clock

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 25-Apr-18  
 DATE REPORTED: 15-Feb-19  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

<b>Client I.D.</b>	18-W005	18-W013	18-W015
<b>Sample I.D.</b>	B18-10748-2	B18-10748-8	B18-10748-10
<b>Date Collected</b>	24-Apr-18	24-Apr-18	24-Apr-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Acetone	µg/L	2	EPA 8260	28-Apr-18/O	< 2	< 2	< 2
Benzene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5	< 0.5
Bromobenzene	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1
Bromodichloromethane	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1
Bromoform	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1
Bromomethane	µg/L	0.3	EPA 8260	28-Apr-18/O	< 0.3	< 0.3	< 0.3
Carbon Tetrachloride	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2
Chloroethane	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1
Chloroform	µg/L	0.3	EPA 8260	28-Apr-18/O	< 0.3	< 0.3	< 0.3
Chloromethane	µg/L	0.3	EPA 8260	28-Apr-18/O	< 0.3	< 0.3	< 0.3
Chlorotoluene,2-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2
Chlorotoluene,4-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2
Dibromo-3-Chloropropane, 1,2-	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1
Dibromochloromethane	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1
Dibromoethane, 1,2- (Ethylene Dibromide)	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1
Dibromomethane	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1
Dichlorobenzene, 1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1
Dichlorobenzene, 1,3-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1
Dichlorobenzene, 1,4-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2
Dichlorodifluoromethane	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1
Dichloroethane, 1,1-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	0.1	0.3
Dichloroethane, 1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1
Dichloroethene, 1,1-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1
Dichloroethene, cis-1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	0.2
Dichloroethene, trans-1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1



R.L. = Reporting Limit

Test methods are modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
 Lab Manager

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior consent from Caduceon Environmental Laboratories.

C.O.C.: G71688

REPORT No. B18-10748 (ii)

Rev. 5

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Ben Clock

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 25-Apr-18  
 DATE REPORTED: 15-Feb-19  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

<b>Client I.D.</b>	18-W005	18-W013	18-W015
<b>Sample I.D.</b>	B18-10748-2	B18-10748-8	B18-10748-10
<b>Date Collected</b>	24-Apr-18	24-Apr-18	24-Apr-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Dichloromethane (Methylene Chloride)	µg/L	0.3	EPA 8260	28-Apr-18/O	< 0.3	< 0.3	< 0.3	
Dichloropropane,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	
Dichloropropane,1,3-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	
Dichloropropane,2,2-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	
Dichloropropene 1,3-cis+trans	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	
Dichloropropene, cis-1,3-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	
Dichloropropene, trans-1,3-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	
Dichloropropene,1,1-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	
Ethylbenzene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5	< 0.5	
Hexachlorobutadiene	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	
Hexane	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	
Isopropylbenzene	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	
Isopropyltoluene,4-	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	
Methyl Butyl Ketone	µg/L	10	EPA 8260	28-Apr-18/O	< 10	< 10	< 10	
Methyl Ethyl Ketone	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	
Methyl Isobutyl Ketone	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	
Methyl-t-butyl Ether	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1	< 1	
Monochlorobenzene (Chlorobenzene)	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	
Naphthalene	µg/L	0.7	EPA 8260	28-Apr-18/O	< 0.7	< 0.7	< 0.7	
n-Butylbenzene	µg/L	0.7	EPA 8260	28-Apr-18/O	< 0.7	< 0.7	< 0.7	
n-Propylbenzene	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	
sec-Butylbenzene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5	< 0.5	
Styrene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5	< 0.5	
tert-Butylbenzene	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	



Michelle Dubien  
 Lab Manager

R.L. = Reporting Limit

Test methods are modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

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C.O.C.: G71688

REPORT No. B18-10748 (ii)

Rev. 5

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Ben Clock

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 25-Apr-18  
 DATE REPORTED: 15-Feb-19  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

<b>Client I.D.</b>	18-W005	18-W013	18-W015	
<b>Sample I.D.</b>	B18-10748-2	B18-10748-8	B18-10748-10	
<b>Date Collected</b>	24-Apr-18	24-Apr-18	24-Apr-18	

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Tetrachloroethane,1,1,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	
Tetrachloroethane,1,1,2,2-	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	
Tetrachloroethylene	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	
Toluene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5	< 0.5	
Trichlorobenzene,1,2,3-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	
Trichlorobenzene,1,2,4-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	
Trichloroethane,1,1,1-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	
Trichloroethane,1,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	
Trichloroethylene	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	
Trichlorofluoromethane	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	
Trichloropropane,1,2,3-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	
Trimethylbenzene,1,2,4-	µg/L	2	EPA 8260	28-Apr-18/O	< 2	< 2	< 2	
Trimethylbenzene,1,3,5-	µg/L	0.6	EPA 8260	28-Apr-18/O	< 0.6	< 0.6	< 0.6	
Vinyl Chloride	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2	< 0.2	
Xylene, m,p-	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	
Xylene, o-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1	< 0.1	
Xylene, m,p,o-	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4	< 0.4	

1. Revised to include VOC calculations



Michelle Dubien  
 Lab Manager

R.L. = Reporting Limit

Test methods are modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior consent from Caduceon Environmental Laboratories.

C.O.C.: G71691

REPORT No. B18-10881 (i)

Rev. 5

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Ben Clock

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 25-Apr-18  
 DATE REPORTED: 14-Feb-19  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

<b>Client I.D.</b>	18-W022	18-W025		
<b>Sample I.D.</b>	B18-10881-3	B18-10881-6		
<b>Date Collected</b>	25-Apr-18	25-Apr-18		

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	26-Apr-18/O	384	223		
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	26-Apr-18/K	0.02	0.02		
BOD(5 day)	mg/L	2	SM 5210B	27-Apr-18/K	< 2	3		
COD	mg/L	5	SM 5220D	30-Apr-18/O	< 5	< 5		
Dissolved Organic Carbon	mg/L	0.2	EPA 415.1	27-Apr-18/O	2.8	2.3		
Conductivity @25°C	µS/cm	1	SM 2510B	26-Apr-18/O	1190	463		
Hardness (as CaCO3)	mg/L	1	SM 3120	27-Apr-18/O	453	253		
pH @25°C	pH Units		SM 4500H	26-Apr-18/O	7.89	8.25		
Phenolics	mg/L	0.001	MOEE 3179	02-May-18/O	< 0.001	< 0.001		
Phosphorus-Total	mg/L	0.01	E3199A.1	27-Apr-18/K	0.06	0.09		
TDS (Calc. from Cond.)	mg/L	1	Calc.	01-May-18	630	245		
Total Suspended Solids	mg/L	3	SM2540D	26-Apr-18/K	5	25		
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	27-Apr-18/K	0.1	0.1		
Chloride	mg/L	0.5	SM4110C	26-Apr-18/O	149	1.3		
Nitrate (N)	mg/L	0.05	SM4110C	26-Apr-18/O	0.93	< 0.05		
Nitrite (N)	mg/L	0.05	SM4110C	26-Apr-18/O	< 0.05	< 0.05		
Sulphate	mg/L	1	SM4110C	26-Apr-18/O	19	19		
Mercury	µg/L	0.02	SM 3112 B	30-Apr-18/O	< 0.02	< 0.02		
Aluminum	µg/L	10	SM 3120	27-Apr-18/O	80	40		
Arsenic	µg/L	0.1	EPA 200.8	30-Apr-18/O	< 0.1	0.3		
Barium	µg/L	1	SM 3120	27-Apr-18/O	770	154		
Boron	µg/L	5	SM 3120	27-Apr-18/O	62	7		
Cadmium	µg/L	0.015	EPA 200.8	30-Apr-18/O	< 0.015	< 0.015		
Calcium	µg/L	20	SM 3120	27-Apr-18/O	126000	55600		
Chromium	µg/L	1	EPA 200.8	30-Apr-18/O	< 1	< 1		
Cobalt	µg/L	0.1	EPA 200.8	30-Apr-18/O	1.1	0.6		
Copper	µg/L	0.1	EPA 200.8	30-Apr-18/O	1.6	0.6		



R.L. = Reporting Limit

Test methods are modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
 Lab Manager

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior consent from Caduceon Environmental Laboratories.

C.O.C.: G71691

REPORT No. B18-10881 (i)

Rev. 5

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Ben Clock

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 25-Apr-18  
 DATE REPORTED: 14-Feb-19  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

<b>Client I.D.</b>	18-W022	18-W025		
<b>Sample I.D.</b>	B18-10881-3	B18-10881-6		
<b>Date Collected</b>	25-Apr-18	25-Apr-18		

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Iron	µg/L	5	SM 3120	27-Apr-18/O	< 5	9		
Lead	µg/L	0.02	EPA 200.8	30-Apr-18/O	< 0.02	0.08		
Magnesium	µg/L	20	SM 3120	27-Apr-18/O	33600	27700		
Manganese	µg/L	1	SM 3120	27-Apr-18/O	7	15		
Potassium	µg/L	100	SM 3120	27-Apr-18/O	2700	1600		
Silver	µg/L	0.02	EPA 200.8	30-Apr-18/O	< 0.02	< 0.02		
Sodium	µg/L	200	SM 3120	27-Apr-18/O	81700	5400		
Strontium	µg/L	1	SM 3120	27-Apr-18/O	280	134		
Uranium	µg/L	0.05	EPA 200.8	30-Apr-18/O	0.49	1.33		
Vanadium	µg/L	5	SM 3120	27-Apr-18/O	< 5	< 5		
Zinc	µg/L	5	SM 3120	27-Apr-18/O	< 5	< 5		



Michelle Dubien  
 Lab Manager

R.L. = Reporting Limit  
 Test methods are modified from specified reference method unless indicated by an \*  
 Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

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C.O.C.: G71691

REPORT No. B18-10881 (ii)

Rev. 5

**Report To:**

**Malroz Engineering Inc.**  
308 Wellington Street, 2nd Floor  
Kingston ON K7K 7A8 Canada  
**Attention:** Ben Clock

**Caduceon Environmental Laboratories**

285 Dalton Ave  
Kingston Ontario K7K 6Z1  
Tel: 613-544-2001  
Fax: 613-544-2770

DATE RECEIVED: 25-Apr-18  
DATE REPORTED: 14-Feb-19  
SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
P.O. NUMBER:  
WATERWORKS NO.

<b>Client I.D.</b>	18-W022	18-W025		
<b>Sample I.D.</b>	B18-10881-3	B18-10881-6		
<b>Date Collected</b>	25-Apr-18	25-Apr-18		

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Acetone	µg/L	2	EPA 8260	28-Apr-18/O	< 2	< 2		
Benzene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5		
Bromobenzene	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1		
Bromodichloromethane	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1		
Bromoform	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1		
Bromomethane	µg/L	0.3	EPA 8260	28-Apr-18/O	< 0.3	< 0.3		
Carbon Tetrachloride	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2		
Chloroethane	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1		
Chloroform	µg/L	0.3	EPA 8260	28-Apr-18/O	< 0.3	< 0.3		
Chloromethane	µg/L	0.3	EPA 8260	28-Apr-18/O	< 0.3	< 0.3		
Chlorotoluene,2-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2		
Chlorotoluene,4-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2		
Dibromo-3-Chloropropane, 1,2-	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1		
Dibromochloromethane	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1		
Dibromoethane,1,2- (Ethylene Dibromide)	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1		
Dibromomethane	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1		
Dichlorobenzene,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1		
Dichlorobenzene,1,3-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1		
Dichlorobenzene,1,4-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2		
Dichlorodifluoromethane	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1		
Dichloroethane,1,1-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1		
Dichloroethane,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1		
Dichloroethene, 1,1-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1		
Dichloroethene, cis-1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1		
Dichloroethene, trans-1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1		



R.L. = Reporting Limit

Test methods are modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
Lab Manager

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior consent from Caduceon Environmental Laboratories.

C.O.C.: G71691

REPORT No. B18-10881 (ii)

Rev. 5

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Ben Clock

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 25-Apr-18  
 DATE REPORTED: 14-Feb-19  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

<b>Client I.D.</b>	18-W022	18-W025		
<b>Sample I.D.</b>	B18-10881-3	B18-10881-6		
<b>Date Collected</b>	25-Apr-18	25-Apr-18		

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Dichloromethane (Methylene Chloride)	µg/L	0.3	EPA 8260	28-Apr-18/O	< 0.3	< 0.3		
Dichloropropane,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1		
Dichloropropane,1,3-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2		
Dichloropropane,2,2-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2		
Dichloropropene 1,3-cis+trans	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1		
Dichloropropene, cis-1,3-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1		
Dichloropropene, trans-1,3-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1		
Dichloropropene,1,1-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2		
Ethylbenzene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5		
Hexachlorobutadiene	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1		
Hexane	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1		
Isopropylbenzene	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2		
Isopropyltoluene,4-	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4		
Methyl Butyl Ketone	µg/L	10	EPA 8260	28-Apr-18/O	< 10	< 10		
Methyl Ethyl Ketone	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1		
Methyl Isobutyl Ketone	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1		
Methyl-t-butyl Ether	µg/L	1	EPA 8260	28-Apr-18/O	< 1	< 1		
Monochlorobenzene (Chlorobenzene)	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2		
Naphthalene	µg/L	0.7	EPA 8260	28-Apr-18/O	< 0.7	< 0.7		
n-Butylbenzene	µg/L	0.7	EPA 8260	28-Apr-18/O	< 0.7	< 0.7		
n-Propylbenzene	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4		
sec-Butylbenzene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5		
Styrene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5		
tert-Butylbenzene	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1		
Tetrachloroethane,1,1,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1		



R.L. = Reporting Limit

Test methods are modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
 Lab Manager

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C.O.C.: G71691

REPORT No. B18-10881 (ii)

Rev. 5

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Ben Clock

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 25-Apr-18  
 DATE REPORTED: 14-Feb-19  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

<b>Client I.D.</b>	18-W022	18-W025		
<b>Sample I.D.</b>	B18-10881-3	B18-10881-6		
<b>Date Collected</b>	25-Apr-18	25-Apr-18		

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
			EPA 8260	28-Apr-18/O	< 0.4	< 0.4		
Tetrachloroethane, 1,1,2,2-	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4		
Tetrachloroethylene	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2		
Toluene	µg/L	0.5	EPA 8260	28-Apr-18/O	< 0.5	< 0.5		
Trichlorobenzene, 1,2,3-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2		
Trichlorobenzene, 1,2,4-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2		
Trichloroethane, 1,1,1-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1		
Trichloroethane, 1,1,2-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1		
Trichloroethylene	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1		
Trichlorofluoromethane	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1		
Trichloropropane, 1,2,3-	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2		
Trimethylbenzene, 1,2,4-	µg/L	2	EPA 8260	28-Apr-18/O	< 2	< 2		
Trimethylbenzene, 1,3,5-	µg/L	0.6	EPA 8260	28-Apr-18/O	< 0.6	< 0.6		
Vinyl Chloride	µg/L	0.2	EPA 8260	28-Apr-18/O	< 0.2	< 0.2		
Xylene, m,p-	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4		
Xylene, o-	µg/L	0.1	EPA 8260	28-Apr-18/O	< 0.1	< 0.1		
Xylene, m,p,o-	µg/L	0.4	EPA 8260	28-Apr-18/O	< 0.4	< 0.4		



Michelle Dubien  
 Lab Manager

R.L. = Reporting Limit

Test methods are modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston, W-Windsor, O-Ottawa, R-Richmond Hill, B-Barrie

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**C.O.C.: G82029**

**REPORT No. B18-35158 (i)**

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada

**Attention:** Camille Malcolm

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 13-Nov-18

JOB/PROJECT NO.: Briar Hill

DATE REPORTED: 22-Nov-18

P.O. NUMBER: 1036

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Client I.D.	18-W038	18-W037	18-W036	18-W039
Sample I.D.	B18-35158-1	B18-35158-2	B18-35158-3	B18-35158-4
Date Collected	13-Nov-18	13-Nov-18	13-Nov-18	13-Nov-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	14-Nov-18/O	406	327	388	483
pH @25°C	pH Units		SM 4500H	14-Nov-18/O	7.64	7.18	7.52	7.55
Conductivity @25°C	µmho/cm	1	SM 2510B	14-Nov-18/O	859	798	789	1670
Chloride	mg/L	0.5	SM4110C	15-Nov-18/O	26.5	43.4	13.4	206
Nitrite (N)	mg/L	0.05	SM4110C	15-Nov-18/O	< 0.05	< 0.05	< 0.05	< 0.05
Nitrate (N)	mg/L	0.05	SM4110C	15-Nov-18/O	0.47	0.16	0.69	9.82
Sulphate	mg/L	1	SM4110C	15-Nov-18/O	7	8	10	54
BOD(5 day)	mg/L	3	SM 5210B	15-Nov-18/K	6	6	6	4
Total Suspended Solids	mg/L	3	SM2540D	14-Nov-18/K	1420	75	600	760
Phosphorus-Total	mg/L	0.01	E3199A.1	14-Nov-18/K	0.38	1.62	0.09	0.31
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	14-Nov-18/K	0.5	8.8	0.5	0.4
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	16-Nov-18/K	0.03	7.06	0.03	0.03
TDS (Calc. from Cond.)	mg/L	1	Calc.	15-Nov-18	454	419	414	914
Dissolved Organic Carbon	mg/L	0.2	EPA 415.1	15-Nov-18/O	3.4	11.4	3.7	3.1
Phenolics	mg/L	0.002	MOEE 3179	16-Nov-18/K	0.002	0.003	0.003	0.007
COD	mg/L	5	SM 5220D	15-Nov-18/O	20	60	< 5	41
Hardness (as CaCO3)	mg/L	1	SM 3120	20-Nov-18/O	425	323	418	706
Aluminum	µg/L	10	SM 3120	20-Nov-18/O	70	50	70	100
Arsenic	µg/L	0.1	EPA 200.8	16-Nov-18/O	0.2	< 0.1	< 0.1	0.1
Barium	µg/L	1	SM 3120	20-Nov-18/O	542	88	374	815
Boron	µg/L	5	SM 3120	20-Nov-18/O	11	357	21	63
Cadmium	µg/L	0.015	EPA 200.8	16-Nov-18/O	< 0.015	< 0.015	0.036	< 0.015
Calcium	µg/L	20	SM 3120	20-Nov-18/O	120000	81000	119000	192000
Chromium	µg/L	1	EPA 200.8	16-Nov-18/O	5	< 1	< 1	< 1
Cobalt	µg/L	0.1	EPA 200.8	16-Nov-18/O	0.3	0.2	1.2	0.3
Copper	µg/L	0.1	EPA 200.8	16-Nov-18/O	0.4	0.2	0.9	1.1
Iron	µg/L	5	SM 3120	20-Nov-18/O	5	2220	9	< 5



R.L. = Reporting Limit

Test methods are modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
 Lab Manager

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C.O.C.: G82029

REPORT No. B18-35158 (i)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada

**Attention:** Camille Malcolm

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 13-Nov-18

JOB/PROJECT NO.: Briar Hill

DATE REPORTED: 22-Nov-18

P.O. NUMBER: 1036

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

<b>Client I.D.</b>	18-W038	18-W037	18-W036	18-W039
<b>Sample I.D.</b>	B18-35158-1	B18-35158-2	B18-35158-3	B18-35158-4
<b>Date Collected</b>	13-Nov-18	13-Nov-18	13-Nov-18	13-Nov-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Lead	µg/L	0.02	EPA 200.8	16-Nov-18/O	< 0.02	< 0.02	0.04	< 0.02
Magnesium	µg/L	20	SM 3120	20-Nov-18/O	30300	29300	29200	55000
Manganese	µg/L	1	SM 3120	20-Nov-18/O	4	131	4	< 1
Mercury	µg/L	0.02	SM 3112 B	20-Nov-18/O	< 0.02	< 0.02	< 0.02	< 0.02
Potassium	µg/L	100	SM 3120	20-Nov-18/O	1400	13800	3400	3500
Silver	µg/L	0.1	EPA 200.8	16-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Sodium	µg/L	200	SM 3120	20-Nov-18/O	21900	31000	7400	81500
Strontium	µg/L	1	SM 3120	20-Nov-18/O	153	338	209	286
Uranium	µg/L	0.05	EPA 200.8	16-Nov-18/O	0.29	< 0.05	0.50	1.18
Vanadium	µg/L	5	SM 3120	20-Nov-18/O	< 5	< 5	< 5	< 5
Zinc	µg/L	5	SM 3120	20-Nov-18/O	< 5	< 5	7	< 5



Michelle Dubien  
 Lab Manager

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JOB/PROJECT NO.: Briar Hill

DATE REPORTED: 22-Nov-18

P.O. NUMBER: 1036

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Parameter	Units	R.L.	Client I.D.		18-W032	18-W031	18-W035	18-W030
			Reference Method	Date/Site Analyzed	B18-35158-5	B18-35158-6	B18-35158-7	B18-35158-8
			Date Collected		13-Nov-18	13-Nov-18	13-Nov-18	13-Nov-18
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	14-Nov-18/O	542	457	301	253
pH @25°C	pH Units		SM 4500H	14-Nov-18/O	7.62	7.47	7.84	7.92
Conductivity @25°C	µmho/cm	1	SM 2510B	14-Nov-18/O	1280	1150	701	590
Chloride	mg/L	0.5	SM4110C	15-Nov-18/O	71.1	71.1	17.9	8.4
Nitrite (N)	mg/L	0.05	SM4110C	15-Nov-18/O	< 0.05	< 0.05	< 0.05	< 0.05
Nitrate (N)	mg/L	0.05	SM4110C	15-Nov-18/O	< 0.05	0.06	< 0.05	0.13
Sulphate	mg/L	1	SM4110C	15-Nov-18/O	42	44	49	42
BOD(5 day)	mg/L	3	SM 5210B	15-Nov-18/K	8	4	3	9
Total Suspended Solids	mg/L	3	SM2540D	14-Nov-18/K	190000	2850	27800	6600
Phosphorus-Total	mg/L	0.01	E3199A.1	14-Nov-18/K	13.8	2.76	7.88	5.10
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	14-Nov-18/K	1.0	1.3	0.6	10.8
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	16-Nov-18/K	0.08	1.00	0.12	0.30
TDS (Calc. from Cond.)	mg/L	1	Calc.	15-Nov-18	693	619	364	306
Dissolved Organic Carbon	mg/L	0.2	EPA 415.1	15-Nov-18/O	5.2	3.6	4.8	3.7
Phenolics	mg/L	0.002	MOEE 3179	16-Nov-18/K	0.022	0.010	0.014	0.003
COD	mg/L	5	SM 5220D	15-Nov-18/O	168	11	93	210
Hardness (as CaCO3)	mg/L	1	SM 3120	20-Nov-18/O	636	534	368	223
Aluminum	µg/L	10	SM 3120	20-Nov-18/O	80	80	50	40
Arsenic	µg/L	0.1	EPA 200.8	16-Nov-18/O	2.7	0.8	0.2	1.9
Barium	µg/L	1	SM 3120	20-Nov-18/O	468	447	225	137
Boron	µg/L	5	SM 3120	20-Nov-18/O	266	220	13	48
Cadmium	µg/L	0.015	EPA 200.8	16-Nov-18/O	< 0.015	< 0.015	< 0.015	< 0.015
Calcium	µg/L	20	SM 3120	20-Nov-18/O	138000	136000	84500	54200
Chromium	µg/L	1	EPA 200.8	16-Nov-18/O	< 1	< 1	< 1	< 1
Cobalt	µg/L	0.1	EPA 200.8	16-Nov-18/O	0.3	0.5	0.5	0.2
Copper	µg/L	0.1	EPA 200.8	16-Nov-18/O	0.6	0.3	0.8	0.5
Iron	µg/L	5	SM 3120	20-Nov-18/O	1700	1820	6	321



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Michelle Dubien  
 Lab Manager

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C.O.C.: G82029

REPORT No. B18-35158 (i)

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 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada

**Attention:** Camille Malcolm

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 13-Nov-18

JOB/PROJECT NO.: Briar Hill

DATE REPORTED: 22-Nov-18

P.O. NUMBER: 1036

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

<b>Client I.D.</b>	18-W032	18-W031	18-W035	18-W030
<b>Sample I.D.</b>	B18-35158-5	B18-35158-6	B18-35158-7	B18-35158-8
<b>Date Collected</b>	13-Nov-18	13-Nov-18	13-Nov-18	13-Nov-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Lead	µg/L	0.02	EPA 200.8	16-Nov-18/O	0.05	0.03	< 0.02	< 0.02
Magnesium	µg/L	20	SM 3120	20-Nov-18/O	70700	47200	38200	21200
Manganese	µg/L	1	SM 3120	20-Nov-18/O	44	145	12	37
Mercury	µg/L	0.02	SM 3112 B	20-Nov-18/O	< 0.02	< 0.02	< 0.02	< 0.02
Potassium	µg/L	100	SM 3120	20-Nov-18/O	3800	9200	2500	1900
Silver	µg/L	0.1	EPA 200.8	16-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Sodium	µg/L	200	SM 3120	20-Nov-18/O	42600	39100	8600	49200
Strontium	µg/L	1	SM 3120	20-Nov-18/O	839	517	164	429
Uranium	µg/L	0.05	EPA 200.8	16-Nov-18/O	0.06	2.39	3.42	3.91
Vanadium	µg/L	5	SM 3120	20-Nov-18/O	< 5	< 5	< 5	< 5
Zinc	µg/L	5	SM 3120	20-Nov-18/O	< 5	< 5	< 5	< 5



Michelle Dubien  
 Lab Manager

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REPORT No. B18-35158 (ii)

Rev. 1

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 Fax: 613-544-2770

DATE RECEIVED: 13-Nov-18

JOB/PROJECT NO.: Briar Hill

DATE REPORTED: 14-Feb-19

P.O. NUMBER: 1036

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Client I.D.	18-W038	18-W037	18-W036	18-W039
Sample I.D.	B18-35158-1	B18-35158-2	B18-35158-3	B18-35158-4
Date Collected	13-Nov-18	13-Nov-18	13-Nov-18	13-Nov-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Acetone	µg/L	2	EPA 8260	14-Nov-18/O	< 2	< 2	< 2	< 2
Benzene	µg/L	0.5	EPA 8260	14-Nov-18/O	< 0.5	< 0.5	< 0.5	< 0.5
Bromobenzene	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Bromodichloromethane	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Bromoform	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Bromomethane	µg/L	0.3	EPA 8260	14-Nov-18/O	< 0.3	< 0.3	< 0.3	< 0.3
Carbon Tetrachloride	µg/L	0.2	EPA 8260	14-Nov-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Chloroethane	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Chloroform	µg/L	0.3	EPA 8260	14-Nov-18/O	< 0.3	< 0.3	< 0.3	< 0.3
Chloromethane	µg/L	0.3	EPA 8260	14-Nov-18/O	< 0.3	< 0.3	< 0.3	< 0.3
Chlorotoluene,2-	µg/L	0.2	EPA 8260	14-Nov-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Chlorotoluene,4-	µg/L	0.2	EPA 8260	14-Nov-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Dibromo-3-Chloropropane, 1,2-	µg/L	1	EPA 8260	14-Nov-18/O	< 1	< 1	< 1	< 1
Dibromochloromethane	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dibromoethane,1,2- (Ethylene Dibromide)	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dibromomethane	µg/L	1	EPA 8260	14-Nov-18/O	< 1	< 1	< 1	< 1
Dichlorobenzene,1,2-	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichlorobenzene,1,3-	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichlorobenzene,1,4-	µg/L	0.2	EPA 8260	14-Nov-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Dichlorodifluoromethane	µg/L	1	EPA 8260	14-Nov-18/O	< 1	< 1	< 1	< 1
Dichloroethane,1,1-	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	0.4	< 0.1	< 0.1
Dichloroethane,1,2-	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloroethene, 1,1-	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloroethene, cis-1,2-	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	0.2	< 0.1	< 0.1
Dichloroethene, trans-1,2-	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1



R.L. = Reporting Limit

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Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
 Lab Manager

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**C.O.C.: G82029**

**REPORT No. B18-35158 (ii)**

**Rev. 1**

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 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada

**Attention:** Camille Malcolm

**Caduceon Environmental Laboratories**

285 Dalton Ave  
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DATE RECEIVED: 13-Nov-18

JOB/PROJECT NO.: Briar Hill

DATE REPORTED: 14-Feb-19

P.O. NUMBER: 1036

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Parameter	Units	R.L.	Client I.D.		18-W038	18-W037	18-W036	18-W039
			Reference Method	Date/Site Analyzed	B18-35158-1	B18-35158-2	B18-35158-3	B18-35158-4
			Date Collected		13-Nov-18	13-Nov-18	13-Nov-18	13-Nov-18
Dichloromethane (Methylene Chloride)	µg/L	0.3	EPA 8260	14-Nov-18/O	< 0.3	< 0.3	< 0.3	< 0.3
Dichloropropane,1,2-	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropane,1,3-	µg/L	0.2	EPA 8260	14-Nov-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Dichloropropane,2,2-	µg/L	0.2	EPA 8260	14-Nov-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Dichloropropene 1,3-cis+trans	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropene, cis-1,3-	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropene, trans-1,3-	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropene,1,1-	µg/L	0.2	EPA 8260	14-Nov-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Ethylbenzene	µg/L	0.5	EPA 8260	14-Nov-18/O	< 0.5	21.9	< 0.5	< 0.5
Hexachlorobutadiene	µg/L	1	EPA 8260	14-Nov-18/O	< 1	< 1	< 1	< 1
Hexane	µg/L	1	EPA 8260	14-Nov-18/O	< 1	< 1	< 1	< 1
Isopropylbenzene	µg/L	0.2	EPA 8260	14-Nov-18/O	< 0.2	1.2	< 0.2	< 0.2
Isopropyltoluene,4-	µg/L	0.4	EPA 8260	14-Nov-18/O	< 0.4	< 0.4	< 0.4	< 0.4
Methyl Butyl Ketone	µg/L	10	EPA 8260	14-Nov-18/O	< 10	< 10	< 10	< 10
Methyl Ethyl Ketone	µg/L	1	EPA 8260	14-Nov-18/O	< 1	< 1	< 1	< 1
Methyl Isobutyl Ketone	µg/L	1	EPA 8260	14-Nov-18/O	< 1	< 1	< 1	< 1
Methyl-t-butyl Ether	µg/L	1	EPA 8260	14-Nov-18/O	< 1	< 1	< 1	< 1
Monochlorobenzene (Chlorobenzene)	µg/L	0.2	EPA 8260	14-Nov-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Naphthalene	µg/L	0.7	EPA 8260	14-Nov-18/O	< 0.7	< 0.7	< 0.7	< 0.7
n-Butylbenzene	µg/L	0.7	EPA 8260	14-Nov-18/O	< 0.7	< 0.7	< 0.7	< 0.7
n-Propylbenzene	µg/L	0.4	EPA 8260	14-Nov-18/O	< 0.4	< 0.4	< 0.4	< 0.4
sec-Butylbenzene	µg/L	0.5	EPA 8260	14-Nov-18/O	< 0.5	< 0.5	< 0.5	< 0.5
Styrene	µg/L	0.5	EPA 8260	14-Nov-18/O	< 0.5	< 0.5	< 0.5	< 0.5
tert-Butylbenzene	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Tetrachloroethane,1,1,1,2-	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1



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 Lab Manager

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DATE RECEIVED: 13-Nov-18

JOB/PROJECT NO.: Briar Hill

DATE REPORTED: 14-Feb-19

P.O. NUMBER: 1036

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

<b>Client I.D.</b>	18-W038	18-W037	18-W036	18-W039
<b>Sample I.D.</b>	B18-35158-1	B18-35158-2	B18-35158-3	B18-35158-4
<b>Date Collected</b>	13-Nov-18	13-Nov-18	13-Nov-18	13-Nov-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Tetrachloroethane,1,1,2,2-	µg/L	0.4	EPA 8260	14-Nov-18/O	< 0.4	< 0.4	< 0.4	< 0.4
Tetrachloroethylene	µg/L	0.2	EPA 8260	14-Nov-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Toluene	µg/L	0.5	EPA 8260	14-Nov-18/O	< 0.5	0.6	< 0.5	< 0.5
Trichlorobenzene,1,2,3-	µg/L	0.2	EPA 8260	14-Nov-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Trichlorobenzene,1,2,4-	µg/L	0.2	EPA 8260	14-Nov-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Trichloroethane,1,1,1-	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Trichloroethane,1,1,2-	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Trichloroethylene	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Trichlorofluoromethane	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Trichloropropane,1,2,3-	µg/L	0.2	EPA 8260	14-Nov-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Trimethylbenzene,1,2,4-	µg/L	2	EPA 8260	14-Nov-18/O	< 2	< 2	< 2	< 2
Trimethylbenzene,1,3,5-	µg/L	0.6	EPA 8260	14-Nov-18/O	< 0.6	< 0.6	< 0.6	< 0.6
Vinyl Chloride	µg/L	0.2	EPA 8260	14-Nov-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Xylene, m,p-	µg/L	0.4	EPA 8260	14-Nov-18/O	< 0.4	< 0.4	< 0.4	< 0.4
Xylene, o-	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Xylene, m,p,o-	µg/L	0.4	EPA 8260	14-Nov-18/O	< 0.4	< 0.4	< 0.4	< 0.4

1 Revised to include VOC calculated parameters



Michelle Dubien  
 Lab Manager

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JOB/PROJECT NO.: Briar Hill

DATE REPORTED: 14-Feb-19

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SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Client I.D.	18-W032	18-W031	18-W035	18-W030
Sample I.D.	B18-35158-5	B18-35158-6	B18-35158-7	B18-35158-8
Date Collected	13-Nov-18	13-Nov-18	13-Nov-18	13-Nov-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Acetone	µg/L	2	EPA 8260	14-Nov-18/O	< 2	< 2	< 2	< 2
Benzene	µg/L	0.5	EPA 8260	14-Nov-18/O	< 0.5	< 0.5	< 0.5	< 0.5
Bromobenzene	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Bromodichloromethane	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Bromoform	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Bromomethane	µg/L	0.3	EPA 8260	14-Nov-18/O	< 0.3	< 0.3	< 0.3	< 0.3
Carbon Tetrachloride	µg/L	0.2	EPA 8260	14-Nov-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Chloroethane	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Chloroform	µg/L	0.3	EPA 8260	14-Nov-18/O	< 0.3	< 0.3	< 0.3	< 0.3
Chloromethane	µg/L	0.3	EPA 8260	14-Nov-18/O	< 0.3	< 0.3	< 0.3	< 0.3
Chlorotoluene,2-	µg/L	0.2	EPA 8260	14-Nov-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Chlorotoluene,4-	µg/L	0.2	EPA 8260	14-Nov-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Dibromo-3-Chloropropane, 1,2-	µg/L	1	EPA 8260	14-Nov-18/O	< 1	< 1	< 1	< 1
Dibromochloromethane	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dibromoethane,1,2- (Ethylene Dibromide)	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dibromomethane	µg/L	1	EPA 8260	14-Nov-18/O	< 1	< 1	< 1	< 1
Dichlorobenzene,1,2-	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichlorobenzene,1,3-	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichlorobenzene,1,4-	µg/L	0.2	EPA 8260	14-Nov-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Dichlorodifluoromethane	µg/L	1	EPA 8260	14-Nov-18/O	< 1	< 1	< 1	< 1
Dichloroethane,1,1-	µg/L	0.1	EPA 8260	14-Nov-18/O	0.1	0.2	< 0.1	< 0.1
Dichloroethane,1,2-	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloroethene, 1,1-	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloroethene, cis-1,2-	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	0.2	< 0.1	< 0.1
Dichloroethene, trans-1,2-	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1



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Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
 Lab Manager

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**C.O.C.: G82029**

**REPORT No. B18-35158 (ii)**

**Rev. 1**

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada

**Attention:** Camille Malcolm

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 13-Nov-18

JOB/PROJECT NO.: Briar Hill

DATE REPORTED: 14-Feb-19

P.O. NUMBER: 1036

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Parameter	Units	R.L.	Client I.D.		18-W032	18-W031	18-W035	18-W030
			Reference Method	Date/Site Analyzed	B18-35158-5	B18-35158-6	B18-35158-7	B18-35158-8
			Date Collected		13-Nov-18	13-Nov-18	13-Nov-18	13-Nov-18
Dichloromethane (Methylene Chloride)	µg/L	0.3	EPA 8260	14-Nov-18/O	< 0.3	< 0.3	< 0.3	< 0.3
Dichloropropane,1,2-	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropane,1,3-	µg/L	0.2	EPA 8260	14-Nov-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Dichloropropane,2,2-	µg/L	0.2	EPA 8260	14-Nov-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Dichloropropene 1,3-cis+trans	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropene, cis-1,3-	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropene, trans-1,3-	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropene,1,1-	µg/L	0.2	EPA 8260	14-Nov-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Ethylbenzene	µg/L	0.5	EPA 8260	14-Nov-18/O	< 0.5	< 0.5	< 0.5	< 0.5
Hexachlorobutadiene	µg/L	1	EPA 8260	14-Nov-18/O	< 1	< 1	< 1	< 1
Hexane	µg/L	1	EPA 8260	14-Nov-18/O	< 1	< 1	< 1	< 1
Isopropylbenzene	µg/L	0.2	EPA 8260	14-Nov-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Isopropyltoluene,4-	µg/L	0.4	EPA 8260	14-Nov-18/O	< 0.4	< 0.4	< 0.4	< 0.4
Methyl Butyl Ketone	µg/L	10	EPA 8260	14-Nov-18/O	< 10	< 10	< 10	< 10
Methyl Ethyl Ketone	µg/L	1	EPA 8260	14-Nov-18/O	< 1	< 1	< 1	< 1
Methyl Isobutyl Ketone	µg/L	1	EPA 8260	14-Nov-18/O	< 1	< 1	< 1	< 1
Methyl-t-butyl Ether	µg/L	1	EPA 8260	14-Nov-18/O	< 1	< 1	< 1	< 1
Monochlorobenzene (Chlorobenzene)	µg/L	0.2	EPA 8260	14-Nov-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Naphthalene	µg/L	0.7	EPA 8260	14-Nov-18/O	< 0.7	< 0.7	< 0.7	< 0.7
n-Butylbenzene	µg/L	0.7	EPA 8260	14-Nov-18/O	< 0.7	< 0.7	< 0.7	< 0.7
n-Propylbenzene	µg/L	0.4	EPA 8260	14-Nov-18/O	< 0.4	< 0.4	< 0.4	< 0.4
sec-Butylbenzene	µg/L	0.5	EPA 8260	14-Nov-18/O	< 0.5	< 0.5	< 0.5	< 0.5
Styrene	µg/L	0.5	EPA 8260	14-Nov-18/O	< 0.5	< 0.5	< 0.5	< 0.5
tert-Butylbenzene	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Tetrachloroethane,1,1,1,2-	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1



R.L. = Reporting Limit

Test methods are modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
 Lab Manager

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C.O.C.: G82029

REPORT No. B18-35158 (ii)

Rev. 1

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada

**Attention:** Camille Malcolm

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 13-Nov-18

JOB/PROJECT NO.: Briar Hill

DATE REPORTED: 14-Feb-19

P.O. NUMBER: 1036

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

<b>Client I.D.</b>	18-W032	18-W031	18-W035	18-W030
<b>Sample I.D.</b>	B18-35158-5	B18-35158-6	B18-35158-7	B18-35158-8
<b>Date Collected</b>	13-Nov-18	13-Nov-18	13-Nov-18	13-Nov-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Tetrachloroethane,1,1,2,2-	µg/L	0.4	EPA 8260	14-Nov-18/O	< 0.4	< 0.4	< 0.4	< 0.4
Tetrachloroethylene	µg/L	0.2	EPA 8260	14-Nov-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Toluene	µg/L	0.5	EPA 8260	14-Nov-18/O	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorobenzene,1,2,3-	µg/L	0.2	EPA 8260	14-Nov-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Trichlorobenzene,1,2,4-	µg/L	0.2	EPA 8260	14-Nov-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Trichloroethane,1,1,1-	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Trichloroethane,1,1,2-	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Trichloroethylene	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Trichlorofluoromethane	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Trichloropropane,1,2,3-	µg/L	0.2	EPA 8260	14-Nov-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Trimethylbenzene,1,2,4-	µg/L	2	EPA 8260	14-Nov-18/O	< 2	< 2	< 2	< 2
Trimethylbenzene,1,3,5-	µg/L	0.6	EPA 8260	14-Nov-18/O	< 0.6	< 0.6	< 0.6	< 0.6
Vinyl Chloride	µg/L	0.2	EPA 8260	14-Nov-18/O	< 0.2	< 0.2	< 0.2	< 0.2
Xylene, m,p-	µg/L	0.4	EPA 8260	14-Nov-18/O	< 0.4	< 0.4	< 0.4	< 0.4
Xylene, o-	µg/L	0.1	EPA 8260	14-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Xylene, m,p,o-	µg/L	0.4	EPA 8260	14-Nov-18/O	< 0.4	< 0.4	< 0.4	< 0.4

1 Revised to include VOC calculated parameters



R.L. = Reporting Limit

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Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
 Lab Manager

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C.O.C.: G82030

REPORT No. B18-35307 (i)

**Report To:**

**Malroz Engineering Inc.**  
308 Wellington Street, 2nd Floor  
Kingston ON K7K 7A8 Canada

**Attention:** Camille Malcolm

**Caduceon Environmental Laboratories**

285 Dalton Ave  
Kingston Ontario K7K 6Z1  
Tel: 613-544-2001  
Fax: 613-544-2770

DATE RECEIVED: 14-Nov-18

JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 27-Nov-18

P.O. NUMBER:

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.	18-W046	18-W049	18-W048	18-W044
					Sample I.D.	18-W046	18-W049	18-W048	18-W044
Date Collected					14-Nov-18	14-Nov-18	14-Nov-18	14-Nov-18	14-Nov-18
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	16-Nov-18/O	216	271	232	396	
pH @25°C	pH Units		SM 4500H	16-Nov-18/O	7.82	7.79	7.72	7.64	
Conductivity @25°C	µmho/cm	1	SM 2510B	16-Nov-18/O	583	978	615	1170	
Chloride	mg/L	0.5	SM4110C	19-Nov-18/O	36.1	66.0	34.2	134	
Nitrite (N)	mg/L	0.05	SM4110C	19-Nov-18/O	< 0.05	< 0.05	< 0.05	< 0.05	
Nitrate (N)	mg/L	0.05	SM4110C	19-Nov-18/O	< 0.05	10.3	5.87	0.70	
Sulphate	mg/L	1	SM4110C	19-Nov-18/O	34	104	19	21	
BOD(5 day)	mg/L	3	SM 5210B	15-Nov-18/K	4	4	< 3	4	
Total Suspended Solids	mg/L	3	SM2540D	16-Nov-18/K	6	870	5	10000	
Phosphorus-Total	mg/L	0.01	E3199A.1	16-Nov-18/K	0.01	0.29	0.01	1.44	
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	16-Nov-18/K	0.8	0.5	0.1	0.4	
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	19-Nov-18/K	0.62	0.03	0.02	0.03	
TDS (Calc. from Cond.)	mg/L	1	Calc.	19-Nov-18	302	521	319	630	
Dissolved Organic Carbon	mg/L	0.2	EPA 415.1	16-Nov-18/O	4.1	3.6	1.8	2.7	
Phenolics	mg/L	0.002	MOEE 3179	19-Nov-18/K	< 0.002	< 0.002	< 0.002	< 0.002	
COD	mg/L	5	SM 5220D	16-Nov-18/O	5	17	< 5	57	
Hardness (as CaCO3)	mg/L	1	SM 3120	20-Nov-18/O	246	263	297	436	
Aluminum	µg/L	10	SM 3120	20-Nov-18/O	50	50	50	80	
Arsenic	µg/L	0.1	EPA 200.8	16-Nov-18/O	0.1	0.5	< 0.1	< 0.1	
Barium	µg/L	1	SM 3120	20-Nov-18/O	77	23	144	800	
Boron	µg/L	5	SM 3120	20-Nov-18/O	648	16	< 5	64	
Cadmium	µg/L	0.015	EPA 200.8	16-Nov-18/O	< 0.015	0.051	< 0.015	< 0.015	
Calcium	µg/L	20	SM 3120	20-Nov-18/O	65700	67400	72100	122000	
Chromium	µg/L	1	EPA 200.8	16-Nov-18/O	< 1	< 1	< 1	< 1	
Cobalt	µg/L	0.1	EPA 200.8	16-Nov-18/O	0.1	0.1	0.1	0.3	
Copper	µg/L	0.1	EPA 200.8	16-Nov-18/O	0.2	1.5	0.2	1.2	
Iron	µg/L	5	SM 3120	20-Nov-18/O	390	< 5	< 5	< 5	



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Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
Lab Manager

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C.O.C.: G82030

REPORT No. B18-35307 (i)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada

**Attention:** Camille Malcolm

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 14-Nov-18

JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 27-Nov-18

P.O. NUMBER:

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

<b>Client I.D.</b>	18-W046	18-W049	18-W048	18-W044
<b>Sample I.D.</b>	B18-35307-1	B18-35307-2	B18-35307-3	B18-35307-4
<b>Date Collected</b>	14-Nov-18	14-Nov-18	14-Nov-18	14-Nov-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Lead	µg/L	0.02	EPA 200.8	16-Nov-18/O	< 0.02	< 0.02	< 0.02	< 0.02
Magnesium	µg/L	20	SM 3120	20-Nov-18/O	19800	23000	28500	31900
Manganese	µg/L	1	SM 3120	20-Nov-18/O	79	< 1	6	3
Mercury	µg/L	0.02	SM 3112 B	22-Nov-18/O	< 0.02	< 0.02	< 0.02	< 0.02
Potassium	µg/L	100	SM 3120	20-Nov-18/O	3200	3100	1300	2800
Silver	µg/L	0.1	EPA 200.8	16-Nov-18/O	< 0.1	< 0.1	< 0.1	< 0.1
Sodium	µg/L	200	SM 3120	20-Nov-18/O	29800	118000	14500	85300
Strontium	µg/L	1	SM 3120	20-Nov-18/O	1810	207	161	275
Uranium	µg/L	0.05	EPA 200.8	16-Nov-18/O	0.60	11.0	1.53	0.50
Vanadium	µg/L	5	SM 3120	20-Nov-18/O	< 5	< 5	< 5	< 5
Zinc	µg/L	5	SM 3120	20-Nov-18/O	< 5	< 5	< 5	< 5



Michelle Dubien  
 Lab Manager

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DATE RECEIVED: 14-Nov-18

JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 27-Nov-18

P.O. NUMBER:

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Client I.D.	18-W045	18-W047	18-W043	18-W040
Sample I.D.	B18-35307-5	B18-35307-6	B18-35307-7	B18-35307-8
Date Collected	14-Nov-18	14-Nov-18	14-Nov-18	14-Nov-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	16-Nov-18/O	594	600	230	207
pH @25°C	pH Units		SM 4500H	16-Nov-18/O	7.33	7.41	7.75	7.83
Conductivity @25°C	µmho/cm	1	SM 2510B	16-Nov-18/O	1290	1800	463	550
Chloride	mg/L	0.5	SM4110C	19-Nov-18/O	59.8	148	1.4	10.5
Nitrite (N)	mg/L	0.05	SM4110C	19-Nov-18/O	< 0.05	< 0.05	< 0.05	< 0.05
Nitrate (N)	mg/L	0.05	SM4110C	19-Nov-18/O	< 0.05	< 0.05	< 0.05	12.8
Sulphate	mg/L	1	SM4110C	19-Nov-18/O	52	147	20	16
BOD(5 day)	mg/L	3	SM 5210B	15-Nov-18/K	4	9	5	4
Total Suspended Solids	mg/L	3	SM2540D	16-Nov-18/K	305	125	37000	1240
Phosphorus-Total	mg/L	0.01	E3199A.1	16-Nov-18/K	0.08	0.47	4.55	0.51
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	16-Nov-18/K	2.7	5.9	0.3	0.2
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	19-Nov-18/K	2.33	3.59	0.09	0.02
TDS (Calc. from Cond.)	mg/L	1	Calc.	19-Nov-18	968	988	239	285
Dissolved Organic Carbon	mg/L	0.2	EPA 415.1	16-Nov-18/O	9.9	18.4	2.3	2.3
Phenolics	mg/L	0.002	MOEE 3179	19-Nov-18/K	< 0.002	0.013	< 0.002	< 0.002
COD	mg/L	5	SM 5220D	16-Nov-18/O	19	125	105	< 5
Hardness (as CaCO3)	mg/L	1	SM 3120	20-Nov-18/O	577	621	245	283
Aluminum	µg/L	10	SM 3120	20-Nov-18/O	90	100	40	50
Arsenic	µg/L	0.1	EPA 200.8	16-Nov-18/O	0.3	1.3	0.4	< 0.1
Barium	µg/L	1	SM 3120	20-Nov-18/O	545	390	192	311
Boron	µg/L	5	SM 3120	20-Nov-18/O	428	269	< 5	22
Cadmium	µg/L	0.015	EPA 200.8	16-Nov-18/O	0.063	< 0.015	< 0.015	< 0.015
Calcium	µg/L	20	SM 3120	20-Nov-18/O	166000	163000	53100	68800
Chromium	µg/L	1	EPA 200.8	16-Nov-18/O	< 1	1	< 1	< 1
Cobalt	µg/L	0.1	EPA 200.8	16-Nov-18/O	12.0	0.8	0.2	< 0.1
Copper	µg/L	0.1	EPA 200.8	16-Nov-18/O	2.1	1.7	< 0.1	0.5
Iron	µg/L	5	SM 3120	20-Nov-18/O	1830	14600	87	< 5



R.L. = Reporting Limit

Test methods are modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
 Lab Manager

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C.O.C.: G82030

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 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada

**Attention:** Camille Malcolm

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 14-Nov-18

JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 27-Nov-18

P.O. NUMBER:

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.	18-W045	18-W047	18-W043	18-W040
					Sample I.D.	18-W045	18-W047	18-W043	18-W040
Lead	µg/L	0.02	EPA 200.8	16-Nov-18/O	B18-35307-5	< 0.02	0.12	< 0.02	< 0.02
Magnesium	µg/L	20	SM 3120	20-Nov-18/O	B18-35307-6	39300	51900	27300	27000
Manganese	µg/L	1	SM 3120	20-Nov-18/O	B18-35307-7	707	2020	15	< 1
Mercury	µg/L	0.02	SM 3112 B	22-Nov-18/O	B18-35307-8	< 0.02	< 0.02	< 0.02	< 0.02
Potassium	µg/L	100	SM 3120	20-Nov-18/O		19200	72300	1600	1400
Silver	µg/L	0.1	EPA 200.8	16-Nov-18/O		< 0.1	< 0.1	< 0.1	< 0.1
Sodium	µg/L	200	SM 3120	20-Nov-18/O		63200	133000	4800	4100
Strontium	µg/L	1	SM 3120	20-Nov-18/O		505	724	136	137
Uranium	µg/L	0.05	EPA 200.8	16-Nov-18/O		0.63	0.67	0.54	0.86
Vanadium	µg/L	5	SM 3120	20-Nov-18/O		< 5	< 5	< 5	< 5
Zinc	µg/L	5	SM 3120	20-Nov-18/O		< 5	7	< 5	< 5



Michelle Dubien  
 Lab Manager

R.L. = Reporting Limit

Test methods are modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

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C.O.C.: G82030

REPORT No. B18-35307 (i)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada

**Attention:** Camille Malcolm

**Caduceon Environmental Laboratories**

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 Kingston Ontario K7K 6Z1  
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DATE RECEIVED: 14-Nov-18

JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 27-Nov-18

P.O. NUMBER:

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

<b>Client I.D.</b>	18-W041	18-W042		
<b>Sample I.D.</b>	B18-35307-9	B18-35307-10		
<b>Date Collected</b>	14-Nov-18	14-Nov-18		

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	16-Nov-18/O	208	229		
pH @25°C	pH Units		SM 4500H	16-Nov-18/O	7.92	7.87		
Conductivity @25°C	µmho/cm	1	SM 2510B	16-Nov-18/O	470	426		
Chloride	mg/L	0.5	SM4110C	19-Nov-18/O	4.7	0.6		
Nitrite (N)	mg/L	0.05	SM4110C	19-Nov-18/O	< 0.05	< 0.05		
Nitrate (N)	mg/L	0.05	SM4110C	19-Nov-18/O	< 0.05	0.45		
Sulphate	mg/L	1	SM4110C	19-Nov-18/O	36	4		
BOD(5 day)	mg/L	3	SM 5210B	15-Nov-18/K	7	3		
Total Suspended Solids	mg/L	3	SM2540D	16-Nov-18/K	8000	330		
Phosphorus-Total	mg/L	0.01	E3199A.1	16-Nov-18/K	4.33	0.22		
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	16-Nov-18/K	0.7	0.1		
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	19-Nov-18/K	0.13	0.02		
TDS (Calc. from Cond.)	mg/L	1	Calc.	19-Nov-18	243	220		
Dissolved Organic Carbon	mg/L	0.2	EPA 415.1	16-Nov-18/O	3.0	1.9		
Phenolics	mg/L	0.002	MOEE 3179	19-Nov-18/K	< 0.002	< 0.002		
COD	mg/L	5	SM 5220D	16-Nov-18/O	87	< 5		
Hardness (as CaCO3)	mg/L	1	SM 3120	20-Nov-18/O	240	240		
Aluminum	µg/L	10	SM 3120	20-Nov-18/O	30	50		
Arsenic	µg/L	0.1	EPA 200.8	16-Nov-18/O	0.7	< 0.1		
Barium	µg/L	1	SM 3120	20-Nov-18/O	132	464		
Boron	µg/L	5	SM 3120	20-Nov-18/O	71	8		
Cadmium	µg/L	0.015	EPA 200.8	16-Nov-18/O	< 0.015	< 0.015		
Calcium	µg/L	20	SM 3120	20-Nov-18/O	53100	60500		
Chromium	µg/L	1	EPA 200.8	16-Nov-18/O	< 1	< 1		
Cobalt	µg/L	0.1	EPA 200.8	16-Nov-18/O	< 0.1	0.1		
Copper	µg/L	0.1	EPA 200.8	16-Nov-18/O	0.2	0.2		



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Michelle Dubien  
 Lab Manager

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C.O.C.: G82030

REPORT No. B18-35307 (i)

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 Kingston ON K7K 7A8 Canada

**Attention:** Camille Malcolm

**Caduceon Environmental Laboratories**

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DATE RECEIVED: 14-Nov-18

JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 27-Nov-18

P.O. NUMBER:

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

<b>Client I.D.</b>	18-W041	18-W042		
<b>Sample I.D.</b>	B18-35307-9	B18-35307-10		
<b>Date Collected</b>	14-Nov-18	14-Nov-18		

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Iron	µg/L	5	SM 3120	20-Nov-18/O	169	< 5		
Lead	µg/L	0.02	EPA 200.8	16-Nov-18/O	< 0.02	< 0.02		
Magnesium	µg/L	20	SM 3120	20-Nov-18/O	26200	21500		
Manganese	µg/L	1	SM 3120	20-Nov-18/O	14	< 1		
Mercury	µg/L	0.02	SM 3112 B	22-Nov-18/O	< 0.02	< 0.02		
Potassium	µg/L	100	SM 3120	20-Nov-18/O	1800	1000		
Silver	µg/L	0.1	EPA 200.8	16-Nov-18/O	< 0.1	< 0.1		
Sodium	µg/L	200	SM 3120	20-Nov-18/O	6800	1300		
Strontium	µg/L	1	SM 3120	20-Nov-18/O	463	74		
Uranium	µg/L	0.05	EPA 200.8	16-Nov-18/O	0.32	0.21		
Vanadium	µg/L	5	SM 3120	20-Nov-18/O	< 5	< 5		
Zinc	µg/L	5	SM 3120	20-Nov-18/O	< 5	< 5		



Michelle Dubien  
 Lab Manager

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REPORT No. B18-35307 (ii)

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DATE RECEIVED: 14-Nov-18

JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 27-Nov-18

P.O. NUMBER:

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Client I.D.	18-W046	18-W049	18-W048	18-W044
Sample I.D.	B18-35307-1	B18-35307-2	B18-35307-3	B18-35307-4
Date Collected	14-Nov-18	14-Nov-18	14-Nov-18	14-Nov-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Acetone	µg/L	30	EPA 8260	16-Nov-18/R	< 30	< 30	< 30	< 30
Benzene	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Bromobenzene	µg/L	0.1	EPA 8260	16-Nov-18/R	< 0.1	< 0.1	< 0.1	< 0.1
Bromochloromethane	µg/L	0.2	EPA 8260	16-Nov-18/R	< 0.2	< 0.2	< 0.2	< 0.2
Bromodichloromethane	µg/L	2	EPA 8260	16-Nov-18/R	< 2	< 2	< 2	< 2
Bromoform	µg/L	5	EPA 8260	16-Nov-18/R	< 5	< 5	< 5	< 5
Bromomethane	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Carbon Tetrachloride	µg/L	0.2	EPA 8260	16-Nov-18/R	< 0.2	< 0.2	< 0.2	< 0.2
Chloroethane	µg/L	0.08	EPA 8260	16-Nov-18/R	< 0.08	< 0.08	< 0.08	< 0.08
Chloroform	µg/L	1	EPA 8260	16-Nov-18/R	< 1	< 1	< 1	< 1
Chloromethane	µg/L	0.06	EPA 8260	16-Nov-18/R	< 0.06	< 0.06	< 0.06	< 0.06
Chlorotoluene,2-	µg/L	0.06	EPA 8260	16-Nov-18/R	< 0.06	< 0.06	< 0.06	< 0.06
Chlorotoluene,4-	µg/L	0.08	EPA 8260	16-Nov-18/R	< 0.08	< 0.08	< 0.08	< 0.08
Dibromo-3-Chloropropane, 1,2-	µg/L	0.07	EPA 8260	16-Nov-18/R	< 0.07	< 0.07	< 0.07	< 0.07
Dibromochloromethane	µg/L	2	EPA 8260	16-Nov-18/R	< 2	< 2	< 2	< 2
Dibromoethane,1,2- (Ethylene Dibromide)	µg/L	0.2	EPA 8260	16-Nov-18/R	< 0.2	< 0.2	< 0.2	< 0.2
Dibromomethane	µg/L	0.06	EPA 8260	16-Nov-18/R	< 0.06	< 0.06	< 0.06	< 0.06
Dichlorobenzene,1,2-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichlorobenzene,1,3-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichlorobenzene,1,4-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichlorodifluoromethane	µg/L	2	EPA 8260	16-Nov-18/R	< 2	< 2	< 2	< 2
Dichloroethane,1,1-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethane,1,2-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethene, cis-1,2-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethene, trans-1,2-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethylene,1,1-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5



R.L. = Reporting Limit

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Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
 Lab Manager

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C.O.C.: G82030

REPORT No. B18-35307 (ii)

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 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada

**Attention:** Camille Malcolm

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
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DATE RECEIVED: 14-Nov-18

JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 27-Nov-18

P.O. NUMBER:

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.			
					18-W046	18-W049	18-W048	18-W044
					Sample I.D.			
					Date Collected			
Dichloromethane (Methylene Chloride)	µg/L	0.3	EPA 8260	16-Nov-18/R	< 0.3	< 0.3	< 0.3	< 0.3
Dichloropropane,1,2-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropane,1,3-	µg/L	0.1	EPA 8260	16-Nov-18/R	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropane,2,2-	µg/L	0.1	EPA 8260	16-Nov-18/R	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropene 1,3-cis+trans	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropene, cis-1,3-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropene, trans-1,3-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropene,1,1-	µg/L	0.1	EPA 8260	16-Nov-18/R	< 0.1	< 0.1	< 0.1	< 0.1
Dioxane, 1,4-	µg/L	20	EPA 8260	16-Nov-18/R	< 20	< 20	< 20	< 20
Ethylbenzene	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Hexachlorobutadiene	µg/L	0.06	EPA 8260	16-Nov-18/R	< 0.06	< 0.06	< 0.06	< 0.06
Hexane	µg/L	5	EPA 8260	16-Nov-18/R	< 5	< 5	< 5	< 5
Isopropylbenzene	µg/L	0.04	EPA 8260	16-Nov-18/R	< 0.04	< 0.04	< 0.04	< 0.04
Isopropyltoluene,4-	µg/L	0.05	EPA 8260	16-Nov-18/R	< 0.05	< 0.05	< 0.05	< 0.05
Methyl Butyl Ketone	µg/L	10	EPA 8260	16-Nov-18/R	< 10	< 10	< 10	< 10
Methyl Ethyl Ketone	µg/L	20	EPA 8260	16-Nov-18/R	< 20	< 20	< 20	< 20
Methyl Isobutyl Ketone	µg/L	20	EPA 8260	16-Nov-18/R	< 20	< 20	< 20	< 20
Methyl-t-butyl Ether	µg/L	2	EPA 8260	16-Nov-18/R	< 2	< 2	< 2	< 2
Monochlorobenzene (Chlorobenzene)	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Naphthalene	µg/L	0.04	EPA 8260	16-Nov-18/R	< 0.04	< 0.04	< 0.04	< 0.04
n-Butylbenzene	µg/L	0.1	EPA 8260	16-Nov-18/R	< 0.1	< 0.1	< 0.1	< 0.1
n-Propylbenzene	µg/L	0.03	EPA 8260	16-Nov-18/R	< 0.03	< 0.03	< 0.03	< 0.03
sec-Butylbenzene	µg/L	0.06	EPA 8260	16-Nov-18/R	< 0.06	< 0.06	< 0.06	< 0.06
Styrene	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
tert-Butylbenzene	µg/L	0.03	EPA 8260	16-Nov-18/R	< 0.03	< 0.03	< 0.03	< 0.03



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Michelle Dubien  
 Lab Manager

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REPORT No. B18-35307 (ii)

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DATE RECEIVED: 14-Nov-18

JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 27-Nov-18

P.O. NUMBER:

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

<b>Client I.D.</b>	18-W046	18-W049	18-W048	18-W044
<b>Sample I.D.</b>	B18-35307-1	B18-35307-2	B18-35307-3	B18-35307-4
<b>Date Collected</b>	14-Nov-18	14-Nov-18	14-Nov-18	14-Nov-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Tetrachloroethane,1,1,1,2-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Tetrachloroethane,1,1,2,2-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Tetrachloroethylene	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Toluene	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorobenzene,1,2,3-	µg/L	0.1	EPA 8260	16-Nov-18/R	< 0.1	< 0.1	< 0.1	< 0.1
Trichlorobenzene,1,2,4-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethane,1,1,1-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethane,1,1,2-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethylene	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorofluoromethane	µg/L	5	EPA 8260	16-Nov-18/R	< 5	< 5	< 5	< 5
Trichloropropane,1,2,3-	µg/L	0.07	EPA 8260	16-Nov-18/R	< 0.07	< 0.07	< 0.07	< 0.07
Trimethylbenzene,1,2,4-	µg/L	0.03	EPA 8260	16-Nov-18/R	< 0.03	< 0.03	< 0.03	< 0.03
Trimethylbenzene,1,3,5-	µg/L	0.06	EPA 8260	16-Nov-18/R	< 0.06	< 0.06	< 0.06	< 0.06
Vinyl Chloride	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Xylene, m,p-	µg/L	1.0	EPA 8260	16-Nov-18/R	< 1.0	< 1.0	< 1.0	< 1.0
Xylene, m,p,o-	µg/L	1.1	EPA 8260	16-Nov-18/R	< 1.1	< 1.1	< 1.1	< 1.1
Xylene, o-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5



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DATE RECEIVED: 14-Nov-18

JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 27-Nov-18

P.O. NUMBER:

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Client I.D.	18-W045	18-W047	18-W043	18-W040
Sample I.D.	B18-35307-5	B18-35307-6	B18-35307-7	B18-35307-8
Date Collected	14-Nov-18	14-Nov-18	14-Nov-18	14-Nov-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
					18-W045	18-W047	18-W043	18-W040
Acetone	µg/L	30	EPA 8260	16-Nov-18/R	< 30	< 30	< 30	< 30
Benzene	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Bromobenzene	µg/L	0.1	EPA 8260	16-Nov-18/R	< 0.1	< 0.1	< 0.1	< 0.1
Bromochloromethane	µg/L	0.2	EPA 8260	16-Nov-18/R	< 0.2	< 0.2	< 0.2	< 0.2
Bromodichloromethane	µg/L	2	EPA 8260	16-Nov-18/R	< 2	< 2	< 2	< 2
Bromoform	µg/L	5	EPA 8260	16-Nov-18/R	< 5	< 5	< 5	< 5
Bromomethane	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Carbon Tetrachloride	µg/L	0.2	EPA 8260	16-Nov-18/R	< 0.2	< 0.2	< 0.2	< 0.2
Chloroethane	µg/L	0.08	EPA 8260	16-Nov-18/R	< 0.08	< 0.08	< 0.08	< 0.08
Chloroform	µg/L	1	EPA 8260	16-Nov-18/R	< 1	< 1	< 1	< 1
Chloromethane	µg/L	0.06	EPA 8260	16-Nov-18/R	< 0.06	< 0.06	< 0.06	< 0.06
Chlorotoluene,2-	µg/L	0.06	EPA 8260	16-Nov-18/R	< 0.06	< 0.06	< 0.06	< 0.06
Chlorotoluene,4-	µg/L	0.08	EPA 8260	16-Nov-18/R	< 0.08	< 0.08	< 0.08	< 0.08
Dibromo-3-Chloropropane, 1,2-	µg/L	0.07	EPA 8260	16-Nov-18/R	< 0.07	< 0.07	< 0.07	< 0.07
Dibromochloromethane	µg/L	2	EPA 8260	16-Nov-18/R	< 2	< 2	< 2	< 2
Dibromoethane,1,2- (Ethylene Dibromide)	µg/L	0.2	EPA 8260	16-Nov-18/R	< 0.2	< 0.2	< 0.2	< 0.2
Dibromomethane	µg/L	0.06	EPA 8260	16-Nov-18/R	< 0.06	< 0.06	< 0.06	< 0.06
Dichlorobenzene,1,2-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichlorobenzene,1,3-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichlorobenzene,1,4-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichlorodifluoromethane	µg/L	2	EPA 8260	16-Nov-18/R	< 2	< 2	< 2	< 2
Dichloroethane,1,1-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	19.3	< 0.5	< 0.5
Dichloroethane,1,2-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethene, cis-1,2-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethene, trans-1,2-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethylene,1,1-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5



R.L. = Reporting Limit

Test methods are modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
 Lab Manager

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C.O.C.: G82030

REPORT No. B18-35307 (ii)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada

**Attention:** Camille Malcolm

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 14-Nov-18

JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 27-Nov-18

P.O. NUMBER:

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Parameter	Units	R.L.	Client I.D.		18-W045	18-W047	18-W043	18-W040
			Reference Method	Date/Site Analyzed	B18-35307-5	B18-35307-6	B18-35307-7	B18-35307-8
			Date Collected		14-Nov-18	14-Nov-18	14-Nov-18	14-Nov-18
Dichloromethane (Methylene Chloride)	µg/L	0.3	EPA 8260	16-Nov-18/R	< 0.3	< 0.3	< 0.3	< 0.3
Dichloropropane,1,2-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropane,1,3-	µg/L	0.1	EPA 8260	16-Nov-18/R	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropane,2,2-	µg/L	0.1	EPA 8260	16-Nov-18/R	< 0.1	< 0.1	< 0.1	< 0.1
Dichloropropene 1,3-cis+trans	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropene, cis-1,3-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropene, trans-1,3-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropene,1,1-	µg/L	0.1	EPA 8260	16-Nov-18/R	< 0.1	< 0.1	< 0.1	< 0.1
Dioxane, 1,4-	µg/L	20	EPA 8260	16-Nov-18/R	< 20	< 20	< 20	< 20
Ethylbenzene	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Hexachlorobutadiene	µg/L	0.06	EPA 8260	16-Nov-18/R	< 0.06	< 0.06	< 0.06	< 0.06
Hexane	µg/L	5	EPA 8260	16-Nov-18/R	< 5	< 5	< 5	< 5
Isopropylbenzene	µg/L	0.04	EPA 8260	16-Nov-18/R	< 0.04	< 0.04	< 0.04	< 0.04
Isopropyltoluene,4-	µg/L	0.05	EPA 8260	16-Nov-18/R	< 0.05	< 0.05	< 0.05	< 0.05
Methyl Butyl Ketone	µg/L	10	EPA 8260	16-Nov-18/R	< 10	< 10	< 10	< 10
Methyl Ethyl Ketone	µg/L	20	EPA 8260	16-Nov-18/R	< 20	< 20	< 20	< 20
Methyl Isobutyl Ketone	µg/L	20	EPA 8260	16-Nov-18/R	< 20	< 20	< 20	< 20
Methyl-t-butyl Ether	µg/L	2	EPA 8260	16-Nov-18/R	< 2	< 2	< 2	< 2
Monochlorobenzene (Chlorobenzene)	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
Naphthalene	µg/L	0.04	EPA 8260	16-Nov-18/R	< 0.04	< 0.04	< 0.04	< 0.04
n-Butylbenzene	µg/L	0.1	EPA 8260	16-Nov-18/R	< 0.1	< 0.1	< 0.1	< 0.1
n-Propylbenzene	µg/L	0.03	EPA 8260	16-Nov-18/R	< 0.03	< 0.03	< 0.03	< 0.03
sec-Butylbenzene	µg/L	0.06	EPA 8260	16-Nov-18/R	< 0.06	< 0.06	< 0.06	< 0.06
Styrene	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5
tert-Butylbenzene	µg/L	0.03	EPA 8260	16-Nov-18/R	< 0.03	< 0.03	< 0.03	< 0.03



R.L. = Reporting Limit

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Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
 Lab Manager

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C.O.C.: G82030

REPORT No. B18-35307 (ii)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada

**Attention:** Camille Malcolm

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 14-Nov-18

JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 27-Nov-18

P.O. NUMBER:

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.	18-W045	18-W047	18-W043	18-W040
					Sample I.D.	18-W045	18-W047	18-W043	18-W040
Date Collected					14-Nov-18	14-Nov-18	14-Nov-18	14-Nov-18	14-Nov-18
Tetrachloroethane,1,1,1,2-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5
Tetrachloroethane,1,1,2,2-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5
Tetrachloroethylene	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5
Toluene	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorobenzene,1,2,3-	µg/L	0.1	EPA 8260	16-Nov-18/R	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1
Trichlorobenzene,1,2,4-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethane,1,1,1-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethane,1,1,2-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethylene	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorofluoromethane	µg/L	5	EPA 8260	16-Nov-18/R	< 5	< 5	< 5	< 5	< 5
Trichloropropane,1,2,3-	µg/L	0.07	EPA 8260	16-Nov-18/R	< 0.07	< 0.07	< 0.07	< 0.07	< 0.07
Trimethylbenzene,1,2,4-	µg/L	0.03	EPA 8260	16-Nov-18/R	< 0.03	< 0.03	< 0.03	< 0.03	< 0.03
Trimethylbenzene,1,3,5-	µg/L	0.06	EPA 8260	16-Nov-18/R	< 0.06	< 0.06	< 0.06	< 0.06	< 0.06
Vinyl Chloride	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5
Xylene, m,p-	µg/L	1.0	EPA 8260	16-Nov-18/R	< 1.0	< 1.0	< 1.0	< 1.0	< 1.0
Xylene, m,p,o-	µg/L	1.1	EPA 8260	16-Nov-18/R	< 1.1	< 1.1	< 1.1	< 1.1	< 1.1
Xylene, o-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5



R.L. = Reporting Limit

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Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
 Lab Manager

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C.O.C.: G82030

REPORT No. B18-35307 (ii)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada

**Attention:** Camille Malcolm

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 14-Nov-18

JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 27-Nov-18

P.O. NUMBER:

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

<b>Client I.D.</b>	18-W041	18-W042		
<b>Sample I.D.</b>	B18-35307-9	B18-35307-10		
<b>Date Collected</b>	14-Nov-18	14-Nov-18		

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Acetone	µg/L	30	EPA 8260	16-Nov-18/R	< 30	< 30		
Benzene	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5		
Bromobenzene	µg/L	0.1	EPA 8260	16-Nov-18/R	< 0.1	< 0.1		
Bromochloromethane	µg/L	0.2	EPA 8260	16-Nov-18/R	< 0.2	< 0.2		
Bromodichloromethane	µg/L	2	EPA 8260	16-Nov-18/R	< 2	< 2		
Bromoform	µg/L	5	EPA 8260	16-Nov-18/R	< 5	< 5		
Bromomethane	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5		
Carbon Tetrachloride	µg/L	0.2	EPA 8260	16-Nov-18/R	< 0.2	< 0.2		
Chloroethane	µg/L	0.08	EPA 8260	16-Nov-18/R	< 0.08	< 0.08		
Chloroform	µg/L	1	EPA 8260	16-Nov-18/R	< 1	< 1		
Chloromethane	µg/L	0.06	EPA 8260	16-Nov-18/R	< 0.06	< 0.06		
Chlorotoluene,2-	µg/L	0.06	EPA 8260	16-Nov-18/R	< 0.06	< 0.06		
Chlorotoluene,4-	µg/L	0.08	EPA 8260	16-Nov-18/R	< 0.08	< 0.08		
Dibromo-3-Chloropropane, 1,2-	µg/L	0.07	EPA 8260	16-Nov-18/R	< 0.07	< 0.07		
Dibromochloromethane	µg/L	2	EPA 8260	16-Nov-18/R	< 2	< 2		
Dibromoethane, 1,2- (Ethylene Dibromide)	µg/L	0.2	EPA 8260	16-Nov-18/R	< 0.2	< 0.2		
Dibromomethane	µg/L	0.06	EPA 8260	16-Nov-18/R	< 0.06	< 0.06		
Dichlorobenzene, 1,2-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5		
Dichlorobenzene, 1,3-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5		
Dichlorobenzene, 1,4-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5		
Dichlorodifluoromethane	µg/L	2	EPA 8260	16-Nov-18/R	< 2	< 2		
Dichloroethane, 1,1-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5		
Dichloroethane, 1,2-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5		
Dichloroethene, cis-1,2-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5		
Dichloroethene, trans-1,2-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5		



R.L. = Reporting Limit

Test methods are modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
 Lab Manager

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C.O.C.: G82030

REPORT No. B18-35307 (ii)

**Report To:**

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 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada

**Attention:** Camille Malcolm

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 14-Nov-18

JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 27-Nov-18

P.O. NUMBER:

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

<b>Client I.D.</b>	18-W041	18-W042		
<b>Sample I.D.</b>	B18-35307-9	B18-35307-10		
<b>Date Collected</b>	14-Nov-18	14-Nov-18		

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Dichloroethylene,1,1-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5		
Dichloromethane (Methylene Chloride)	µg/L	0.3	EPA 8260	16-Nov-18/R	< 0.3	< 0.3		
Dichloropropane,1,2-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5		
Dichloropropane,1,3-	µg/L	0.1	EPA 8260	16-Nov-18/R	< 0.1	< 0.1		
Dichloropropane,2,2-	µg/L	0.1	EPA 8260	16-Nov-18/R	< 0.1	< 0.1		
Dichloropropene 1,3-cis+trans	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5		
Dichloropropene, cis-1,3-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5		
Dichloropropene, trans-1,3-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5		
Dichloropropene,1,1-	µg/L	0.1	EPA 8260	16-Nov-18/R	< 0.1	< 0.1		
Dioxane, 1,4-	µg/L	20	EPA 8260	16-Nov-18/R	< 20	< 20		
Ethylbenzene	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5		
Hexachlorobutadiene	µg/L	0.06	EPA 8260	16-Nov-18/R	< 0.06	< 0.06		
Hexane	µg/L	5	EPA 8260	16-Nov-18/R	< 5	< 5		
Isopropylbenzene	µg/L	0.04	EPA 8260	16-Nov-18/R	< 0.04	< 0.04		
Isopropyltoluene,4-	µg/L	0.05	EPA 8260	16-Nov-18/R	< 0.05	< 0.05		
Methyl Butyl Ketone	µg/L	10	EPA 8260	16-Nov-18/R	< 10	< 10		
Methyl Ethyl Ketone	µg/L	20	EPA 8260	16-Nov-18/R	< 20	< 20		
Methyl Isobutyl Ketone	µg/L	20	EPA 8260	16-Nov-18/R	< 20	< 20		
Methyl-t-butyl Ether	µg/L	2	EPA 8260	16-Nov-18/R	< 2	< 2		
Monochlorobenzene (Chlorobenzene)	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5		
Naphthalene	µg/L	0.04	EPA 8260	16-Nov-18/R	< 0.04	< 0.04		
n-Butylbenzene	µg/L	0.1	EPA 8260	16-Nov-18/R	< 0.1	< 0.1		
n-Propylbenzene	µg/L	0.03	EPA 8260	16-Nov-18/R	< 0.03	< 0.03		
sec-Butylbenzene	µg/L	0.06	EPA 8260	16-Nov-18/R	< 0.06	< 0.06		



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Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
 Lab Manager

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C.O.C.: G82030

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**Attention:** Camille Malcolm

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285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 14-Nov-18

JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 27-Nov-18

P.O. NUMBER:

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

<b>Client I.D.</b>	18-W041	18-W042		
<b>Sample I.D.</b>	B18-35307-9	B18-35307-10		
<b>Date Collected</b>	14-Nov-18	14-Nov-18		

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Styrene	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5		
tert-Butylbenzene	µg/L	0.03	EPA 8260	16-Nov-18/R	< 0.03	< 0.03		
Tetrachloroethane,1,1,1,2-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5		
Tetrachloroethane,1,1,2,2-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5		
Tetrachloroethylene	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5		
Toluene	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5		
Trichlorobenzene,1,2,3-	µg/L	0.1	EPA 8260	16-Nov-18/R	< 0.1	< 0.1		
Trichlorobenzene,1,2,4-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5		
Trichloroethane,1,1,1-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5		
Trichloroethane,1,1,2-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5		
Trichloroethylene	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5		
Trichlorofluoromethane	µg/L	5	EPA 8260	16-Nov-18/R	< 5	< 5		
Trichloropropane,1,2,3-	µg/L	0.07	EPA 8260	16-Nov-18/R	< 0.07	< 0.07		
Trimethylbenzene,1,2,4-	µg/L	0.03	EPA 8260	16-Nov-18/R	< 0.03	< 0.03		
Trimethylbenzene,1,3,5-	µg/L	0.06	EPA 8260	16-Nov-18/R	< 0.06	< 0.06		
Vinyl Chloride	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5		
Xylene, m,p-	µg/L	1.0	EPA 8260	16-Nov-18/R	< 1.0	< 1.0		
Xylene, m,p,o-	µg/L	1.1	EPA 8260	16-Nov-18/R	< 1.1	< 1.1		
Xylene, o-	µg/L	0.5	EPA 8260	16-Nov-18/R	< 0.5	< 0.5		



Michelle Dubien  
 Lab Manager

R.L. = Reporting Limit

Test methods are modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

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**C.O.C.: G71690**

**REPORT No. B18-10735**

**Rev. 1**

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Ben Clock

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 25-Apr-18  
 DATE REPORTED: 02-May-18  
 SAMPLE MATRIX: Surface Water

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

Parameter	Units	R.L.	Client I.D.		18-W001	18-W002	18-W003
			Reference Method	Date/Site Analyzed	B18-10735-1	B18-10735-2	B18-10735-3
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	26-Apr-18/O	173	170	179
pH @25°C	pH Units		SM 4500H	26-Apr-18/O	8.23	8.20	8.24
Conductivity @25°C	µmho/cm	1	SM 2510B	26-Apr-18/O	401	386	394
Chloride	mg/L	0.5	SM4110C	26-Apr-18/O	7.6	4.4	5.9
Nitrite (N)	mg/L	0.05	SM4110C	26-Apr-18/O	< 0.05	< 0.05	< 0.05
Nitrate (N)	mg/L	0.05	SM4110C	26-Apr-18/O	0.87	1.04	1.03
Sulphate	mg/L	1	SM4110C	26-Apr-18/O	12	12	12
BOD(5 day)	mg/L	2	SM 5210B	25-Apr-18/K	2	< 2	< 2
Total Suspended Solids	mg/L	3	SM2540D	26-Apr-18/K	7	8	17
o-Phosphate (P)	mg/L	0.01	PE4500-S	27-Apr-18/K	0.01	< 0.01	0.01
Phosphorus-Total	mg/L	0.01	E3199A.1	26-Apr-18/K	0.04	0.02	0.03
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	26-Apr-18/K	0.5	0.4	0.5
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	26-Apr-18/K	0.06	0.04	0.06
Ammonia (N)-unionized	mg/L	0.01	CALC	26-Apr-18/K	< 0.01	< 0.01	< 0.01
Total Dissolved Solids	mg/L	3	SM 2540D	27-Apr-18/O	207	199	203
Dissolved Organic Carbon	mg/L	0.2	EPA 415.1	27-Apr-18/O	13.1	6.6	6.4
Phenolics	mg/L	0.001	MOEE 3179	29-Apr-18/O	< 0.001	< 0.001	< 0.001
COD	mg/L	5	SM 5220D	30-Apr-18/O	16	18	17
Hardness (as CaCO3)	mg/L	1	SM 3120	27-Apr-18/O	206	195	205
Aluminum	µg/L	10	SM 3120	27-Apr-18/O	40	40	50
Arsenic	µg/L	0.1	EPA 200.8	26-Apr-18/O	0.1	0.2	0.3
Barium	µg/L	1	SM 3120	27-Apr-18/O	102	101	105
Boron	µg/L	5	SM 3120	27-Apr-18/O	18	13	18
Cadmium	µg/L	0.01	EPA 200.8	26-Apr-18/O	0.014	< 0.014	0.014
Calcium	µg/L	20	SM 3120	27-Apr-18/O	54000	53400	53400
Chromium	µg/L	1	EPA 200.8	26-Apr-18/O	< 1	< 1	< 1
Cobalt	µg/L	0.1	EPA 200.8	26-Apr-18/O	0.1	< 0.1	0.2



R.L. = Reporting Limit

Test methods may be modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
 Lab Manager

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior consent from Caduceon Environmental Laboratories.

**C.O.C.: G71690**

**REPORT No. B18-10735**

**Rev. 1**

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Ben Clock

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 25-Apr-18  
 DATE REPORTED: 02-May-18  
 SAMPLE MATRIX: Surface Water

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

<b>Client I.D.</b>	18-W001	18-W002	18-W003	
<b>Sample I.D.</b>	B18-10735-1	B18-10735-2	B18-10735-3	
<b>Date Collected</b>	24-Apr-18	24-Apr-18	24-Apr-18	

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Copper	µg/L	0.1	EPA 200.8	26-Apr-18/O	1.8	1.8	2.0	
Iron	µg/L	5	SM 3120	27-Apr-18/O	348	268	349	
Lead	µg/L	0.02	EPA 200.8	26-Apr-18/O	0.17	0.15	0.18	
Magnesium	µg/L	20	SM 3120	27-Apr-18/O	18300	19100	18500	
Manganese	µg/L	1	SM 3120	27-Apr-18/O	44	30	43	
Mercury	µg/L	0.02	SM 3112 B	27-Apr-18/O	< 0.02	< 0.02	< 0.02	
Nickel	µg/L	10	SM 3120	27-Apr-18/O	< 10	< 10	< 10	
Potassium	µg/L	100	SM 3120	27-Apr-18/O	1600	1100	1300	
Vanadium	µg/L	5	SM 3120	27-Apr-18/O	< 5	< 5	< 5	
Silver	µg/L	0.02	EPA 200.8	26-Apr-18/O	< 0.02	< 0.02	< 0.02	
Sodium	µg/L	200	SM 3120	27-Apr-18/O	7000	6000	6700	
Strontium	µg/L	1	SM 3120	27-Apr-18/O	214	214	209	
Zinc	µg/L	5	SM 3120	27-Apr-18/O	26	43	35	

1 Revised to change the reporting units for metals and to include TDS



Michelle Dubien  
 Lab Manager

R.L. = Reporting Limit

Test methods may be modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior consent from Caduceon Environmental Laboratories.

C.O.C.: G82032

REPORT No. B18-35157

**Report To:**

**Malroz Engineering Inc.**  
308 Wellington Street, 2nd Floor  
Kingston ON K7K 7A8 Canada

**Attention:** Camille Malcolm

**Caduceon Environmental Laboratories**

285 Dalton Ave  
Kingston Ontario K7K 6Z1  
Tel: 613-544-2001  
Fax: 613-544-2770

DATE RECEIVED: 13-Nov-18

JOB/PROJECT NO.: Briar Hill

DATE REPORTED: 22-Nov-18

P.O. NUMBER: 1036

SAMPLE MATRIX: Surface Water

WATERWORKS NO.

<b>Client I.D.</b>	18-W029	18-W034	18-W033	
<b>Sample I.D.</b>	B18-35157-1	B18-35157-2	B18-35157-3	
<b>Date Collected</b>	13-Nov-18	13-Nov-18	13-Nov-18	

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	14-Nov-18/O	210	195	204	
pH @25°C	pH Units		SM 4500H	14-Nov-18/O	7.99	7.98	7.99	
Conductivity @25°C	µmho/cm	1	SM 2510B	14-Nov-18/O	524	486	522	
Chloride	mg/L	0.5	SM4110C	15-Nov-18/O	11.5	8.1	11.5	
Nitrite (N)	mg/L	0.05	SM4110C	15-Nov-18/O	< 0.05	< 0.05	< 0.05	
Nitrate (N)	mg/L	0.05	SM4110C	15-Nov-18/O	2.38	2.59	1.98	
Sulphate	mg/L	1	SM4110C	15-Nov-18/O	40	36	42	
BOD(5 day)	mg/L	3	SM 5210B	15-Nov-18/K	5	4	4	
Total Suspended Solids	mg/L	3	SM2540D	14-Nov-18/K	6	7	7	
o-Phosphate (P)	mg/L	0.01	PE4500-S	16-Nov-18/K	0.02	0.02	0.02	
Phosphorus-Total	mg/L	0.01	E3199A.1	14-Nov-18/K	0.04	0.03	0.03	
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	14-Nov-18/K	0.6	0.6	0.6	
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	16-Nov-18/K	0.13	0.07	0.09	
Ammonia (N)-unionized	mg/L	0.01	CALC	16-Nov-18/K	< 0.01	0.01	0.02	
Total Dissolved Solids	mg/L	3	SM 2540D	15-Nov-18/O	271	251	270	
Dissolved Organic Carbon	mg/L	0.2	EPA 415.1	15-Nov-18/O	8.6	8.6	16.8	
Phenolics	mg/L	0.002	MOEE 3179	16-Nov-18/K	< 0.002	0.002	< 0.002	
COD	mg/L	5	SM 5220D	15-Nov-18/O	20	18	21	
Hardness (as CaCO3)	mg/L	1	SM 3120	20-Nov-18/O	266	247	262	
Aluminum	µg/L	10	SM 3120	20-Nov-18/O	50	50	50	
Arsenic	µg/L	0.1	EPA 200.8	16-Nov-18/O	0.2	0.2	0.2	
Barium	µg/L	1	SM 3120	20-Nov-18/O	131	106	137	
Boron	µg/L	5	SM 3120	20-Nov-18/O	22	8	20	
Cadmium	µg/L	0.015	EPA 200.8	16-Nov-18/O	< 0.015	0.022	0.037	
Calcium	µg/L	20	SM 3120	20-Nov-18/O	64900	57800	67600	
Chromium	µg/L	1	EPA 200.8	16-Nov-18/O	< 1	< 1	< 1	
Cobalt	µg/L	0.1	EPA 200.8	16-Nov-18/O	0.5	0.2	0.6	



R.L. = Reporting Limit

Test methods are modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Michelle Dubien  
Lab Manager

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C.O.C.: G82032

REPORT No. B18-35157

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada

**Attention:** Camille Malcolm

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 13-Nov-18

JOB/PROJECT NO.: Briar Hill

DATE REPORTED: 22-Nov-18

P.O. NUMBER: 1036

SAMPLE MATRIX: Surface Water

WATERWORKS NO.

<b>Client I.D.</b>	18-W029	18-W034	18-W033
<b>Sample I.D.</b>	B18-35157-1	B18-35157-2	B18-35157-3
<b>Date Collected</b>	13-Nov-18	13-Nov-18	13-Nov-18

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Copper	µg/L	0.1	EPA 200.8	16-Nov-18/O	6.1	5.8	5.5
Iron	µg/L	5	SM 3120	20-Nov-18/O	513	153	301
Lead	µg/L	0.02	EPA 200.8	16-Nov-18/O	0.27	0.21	0.45
Magnesium	µg/L	20	SM 3120	20-Nov-18/O	24100	22100	24600
Manganese	µg/L	1	SM 3120	20-Nov-18/O	56	20	56
Mercury	µg/L	0.02	SM 3112 B	20-Nov-18/O	< 0.02	< 0.02	< 0.02
Nickel	µg/L	10	SM 3120	20-Nov-18/O	< 10	< 10	< 10
Potassium	µg/L	100	SM 3120	20-Nov-18/O	1900	1300	1700
Silver	µg/L	0.1	EPA 200.8	16-Nov-18/O	< 0.1	< 0.1	< 0.1
Sodium	µg/L	200	SM 3120	20-Nov-18/O	7400	5500	7400
Strontium	µg/L	1	SM 3120	20-Nov-18/O	262	247	280
Vanadium	µg/L	5	SM 3120	20-Nov-18/O	31	47	46
Zinc	µg/L	5	SM 3120	20-Nov-18/O	12	13	15
pH	pH Units		Client Supplied Data	14-Nov-18	8.75	9.29	9.16
Temperature	°C		Client Supplied Data	14-Nov-18	7.12	4.27	4.53



Michelle Dubien  
 Lab Manager

R.L. = Reporting Limit

Test methods are modified from specified reference method unless indicated by an \*

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

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Appendix J  
Groundwater and Surface Water Monitoring Program

**1036 Briar Hill**

**Monitoring Tasks:**

- GPS Wells and SW stations
- Photos of Wells and SW Stations
- Survey SW stations
- Site inspection
- Gas monitoring around Buildings or structures at the site
- Measure DTW and DTB in monitoring wells

**Sampling Tasks:**

Groundwater: BW1, BW2(s/d), L10, L11, L2, OW1, OW6R1, OW7R1, OW15(s/d), OW17, OW18, OW19  
OW20, OW21, OW22, OW23, OW24, OW25  
*Low Flow sampling at BW1 and BW2d*

**Total** 20  
Lab criteria: ODWS

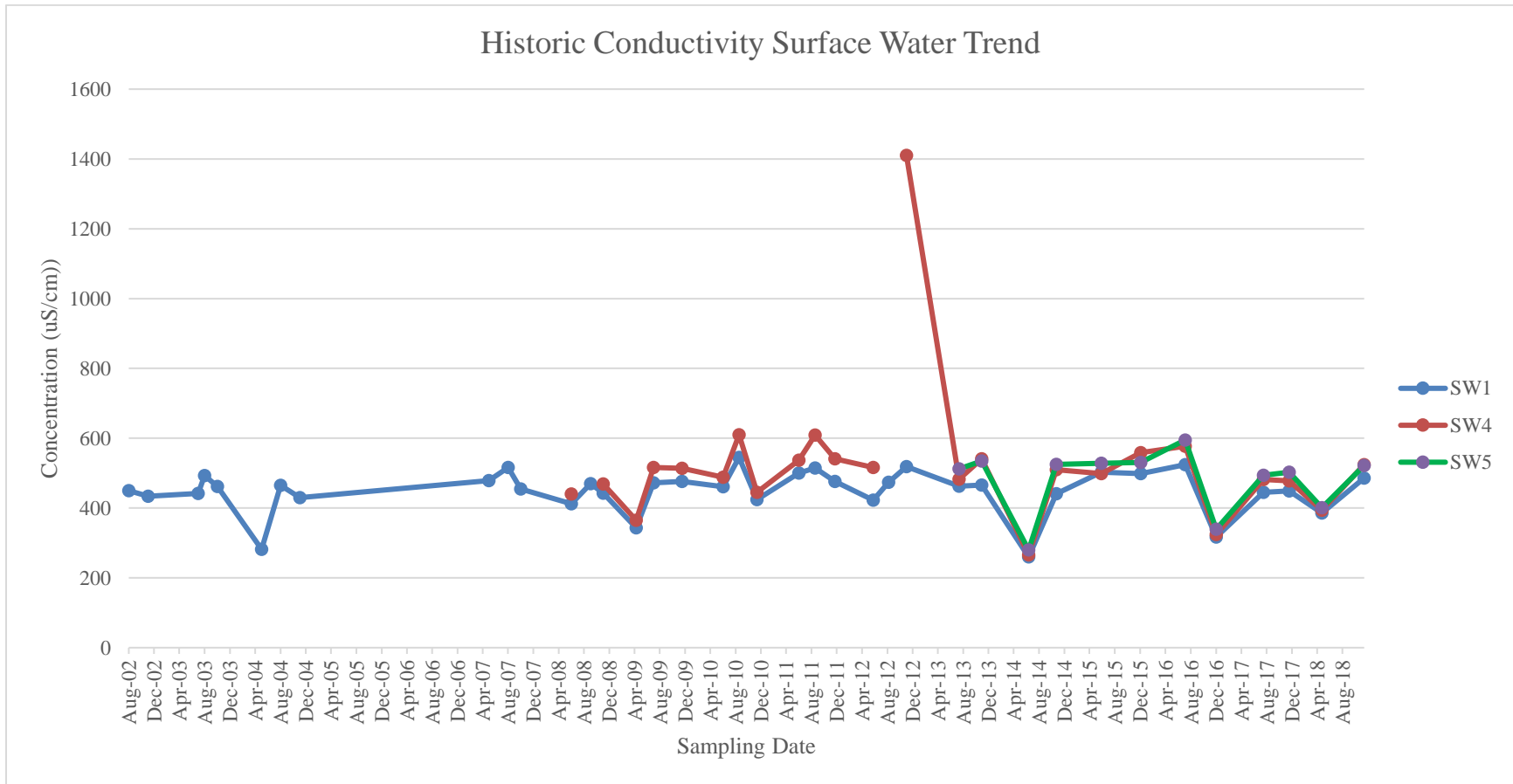
Surface Water: SW1, SW4 & SW5

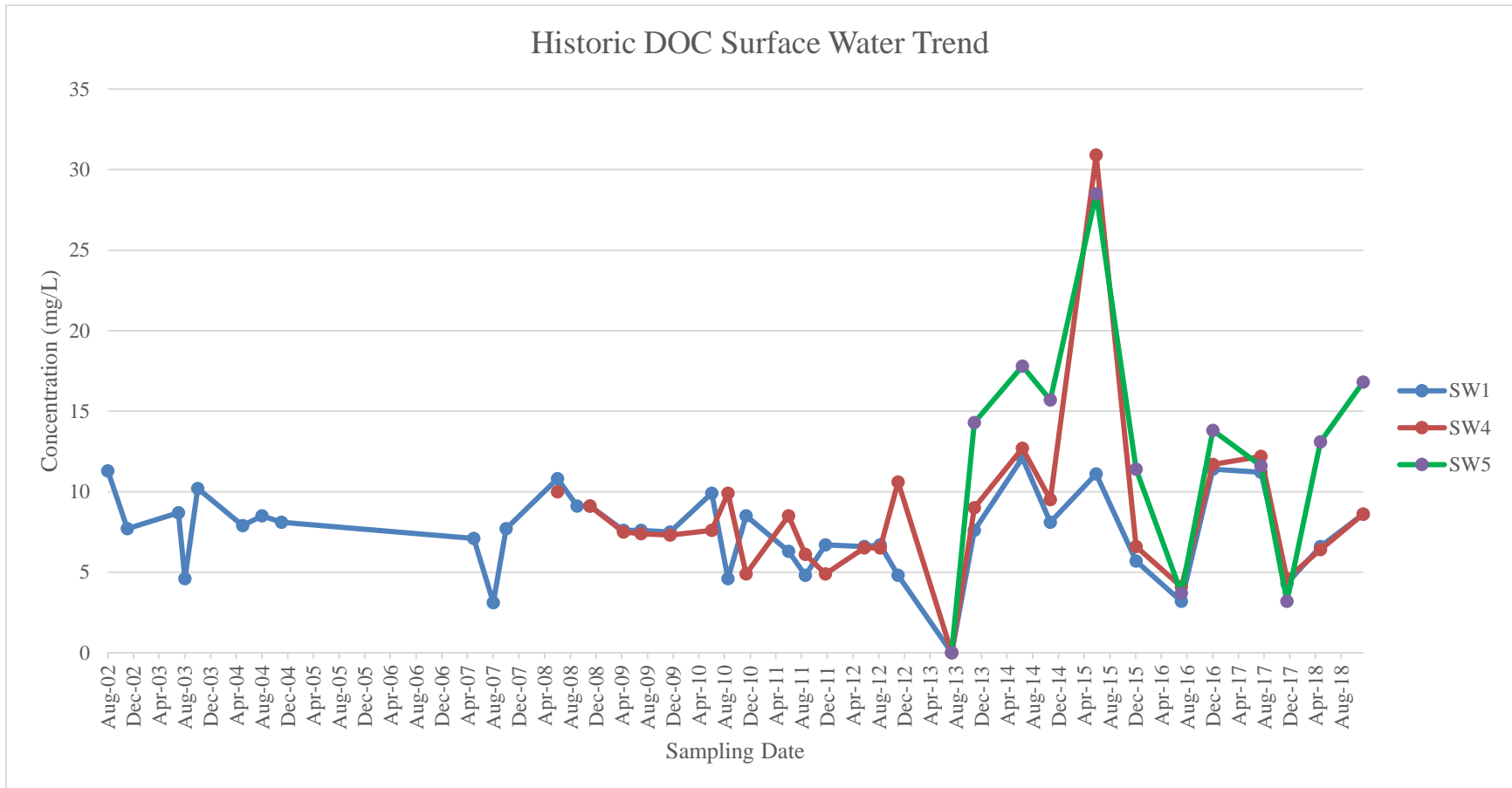
**Total** 3  
Lab criteria: PWQO

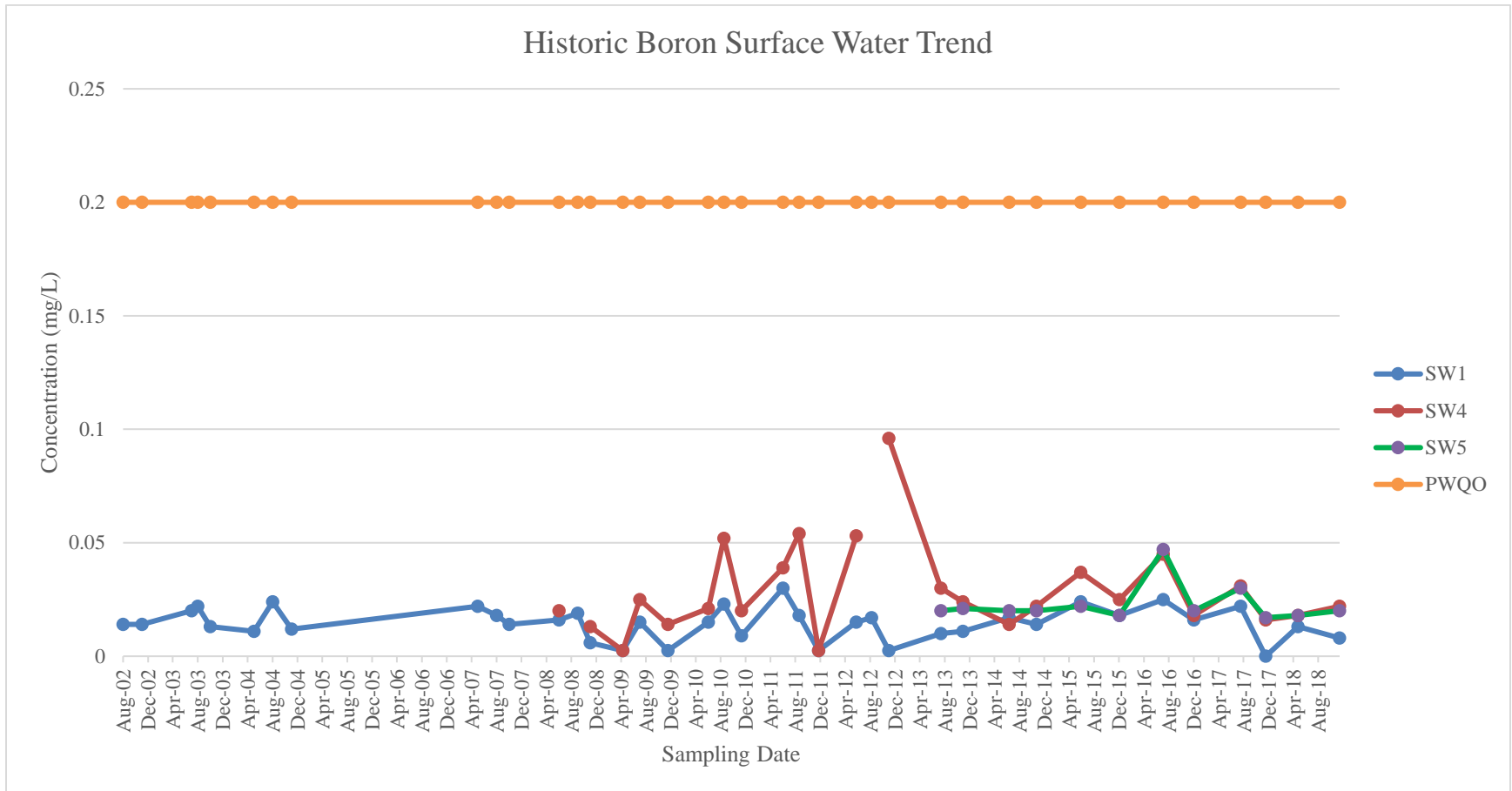
Parameters	Groundwater	Surface Water
<b>Lab</b>	Alkalinity	Alkalinity
	Ammonia	Ammonia
	BOD	Ammonia (UI)(N)
	COD	BOD
	DOC	COD
	Conductivity	DOC
	Hardness	Conductivity
	pH	Hardness
	Phenols	pH
	Phosphorous, total	Phenols
	TDS	Phosphorous, total
	TSS	Phosphorous, total dissolved
	Total Kjeldahl - N	TDS
	Chloride	TSS
	Nitrate	Total Kjeldahl - N
	Nitrite	Chloride
	Sulphate	Nitrate
	Mercury	Nitrite
	Aluminum	Sulphate
		Aluminum, dissolved
		Mercury, dissolved
	Acetone	
	Benzene	
	Bromobenzene	
	Bromodichloromethane	
	Bromoform	
	Bromomethane	
	Carbon Tetrachloride	
	Chloroethane	
	Chloroform	
	Chloromethane	
	2-Chlorotoluene	
	4-Chlorotoluene	
	1,2-Dibromo-3-Chloropropane	
	Dibromochloromethane	
	1,2-Dibromoethane	
	Dibromomethane	
	1,2-Dichlorobenzene	
	1,3-Dichlorobenzene	
	1,4-Dichlorobenzene	
	Dichlorodifluoromethane	
	1,1-Dichloroethane	
	1,2-Dichloroethane	
	1,1-Dichloroethylene	
	cis-1,2-Dichloroethylene	
	trans-1,2-Dichloroethylene	
	Methylene Chloride	
	1,2-Dichloropropane	
	1,3-Dichloropropane	
	2,2-Dichloropropane	
	cis-1,3-Dichloropropene	
	trans-1,3-Dichloropropene	
	1,3-Dichloropropene, total	
	1,1-Dichloropropene	
	Arsenic	Arsenic
	Barium	Barium
	Boron	Boron
	Cadmium	Cadmium
	Chromium	Chromium
	Calcium	Calcium
	Cobalt	Cobalt
	Copper	Copper
	Iron	Iron
	Lead	Lead
	Magnesium	Magnesium
	Manganese	Manganese
	Potassium	Nickel
	Silver	Potassium
	Sodium	Silver
	Strontium	Sodium
	Uranium	Strontium
	Vanadium	Vanadium
	Zinc	Zinc
	Ethylbenzene	
	Hexachlorobutadiene	
	Hexane	
	Isopropylbenzene	
	4-Isopropyltoluene	
	Methyl Butyl Ketone	
	Methyl Ethyl Ketone	
	Methyl Isobutyl Ketone	
	Methyl tert-butyl ether	
	Chlorobenzene	
	Naphthalene	
	n-Butylbenzene	
	n-Propylbenzene	
	sec-Butylbenzene	
	Styrene	
	tert-Butylbenzene	
	1,1,1,2-Tetrachloroethane	
	1,1,2,2-Tetrachloroethane	
	Tetrachloroethylene	
	Toluene	
	1,2,3-Trichlorobenzene	
	1,2,4-Trichlorobenzene	
	1,1,1-Trichloroethane	
	1,1,2-Trichloroethane	
	Trichloroethylene	
	Trichlorofluoromethane	
	1,2,3-Trichloropropane	
	1,2,4-Trimethylbenzene	
	1,3,5-Trimethylbenzene	
	Vinyl Chloride	
	m/p-Xylene	
	o-Xylene	
	Xylenes, total	

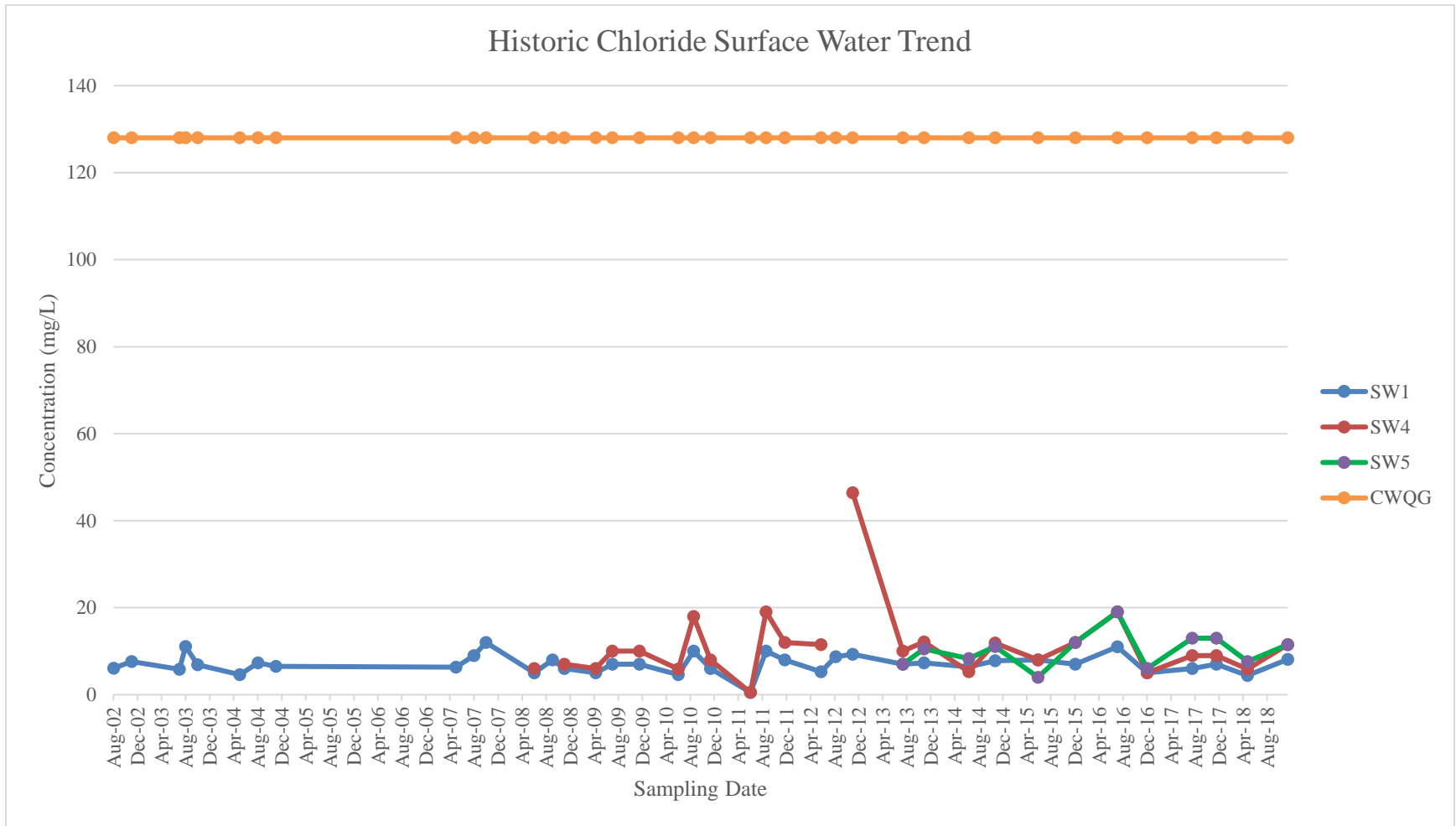


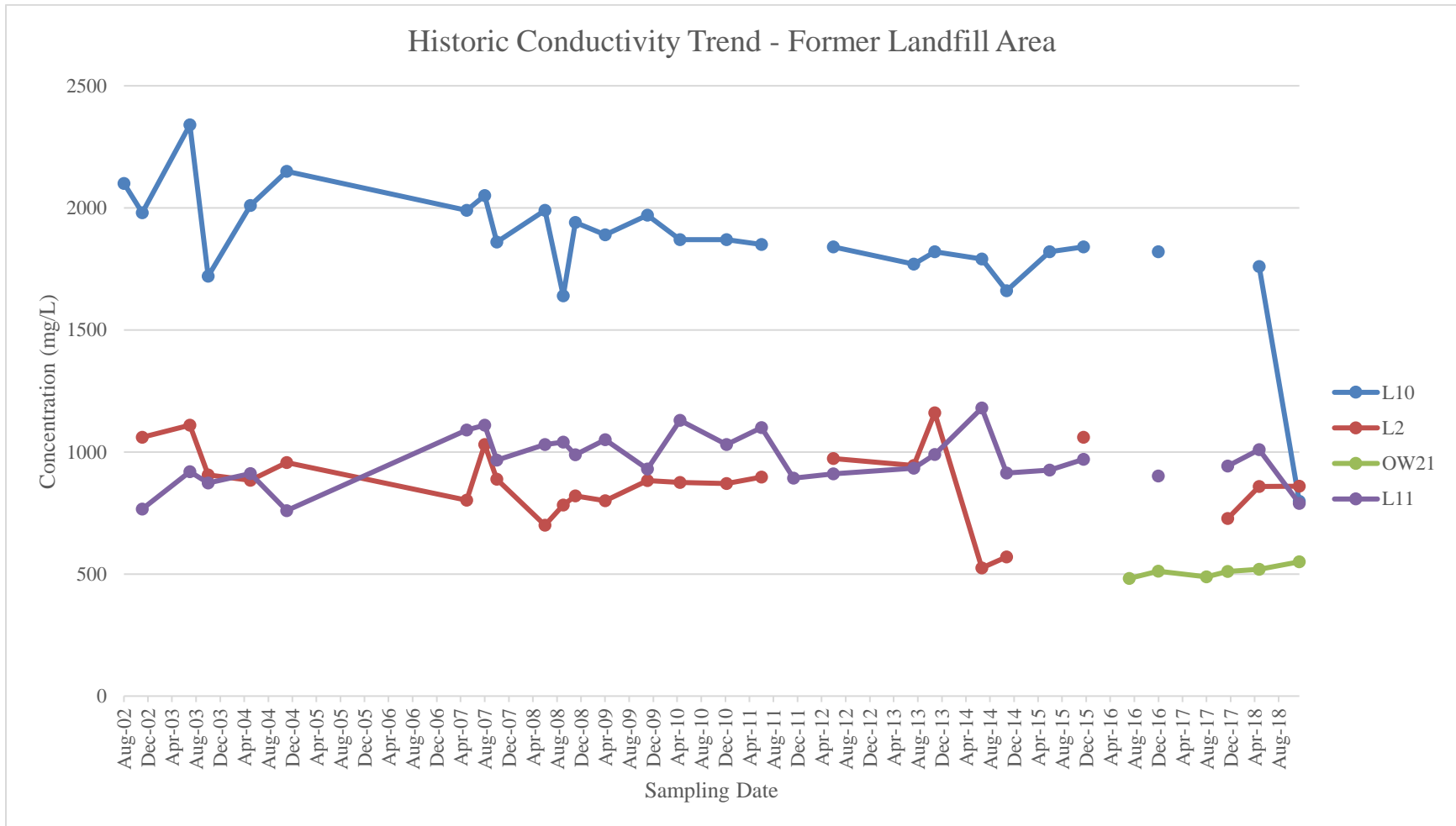
Appendix K  
Historic Trends

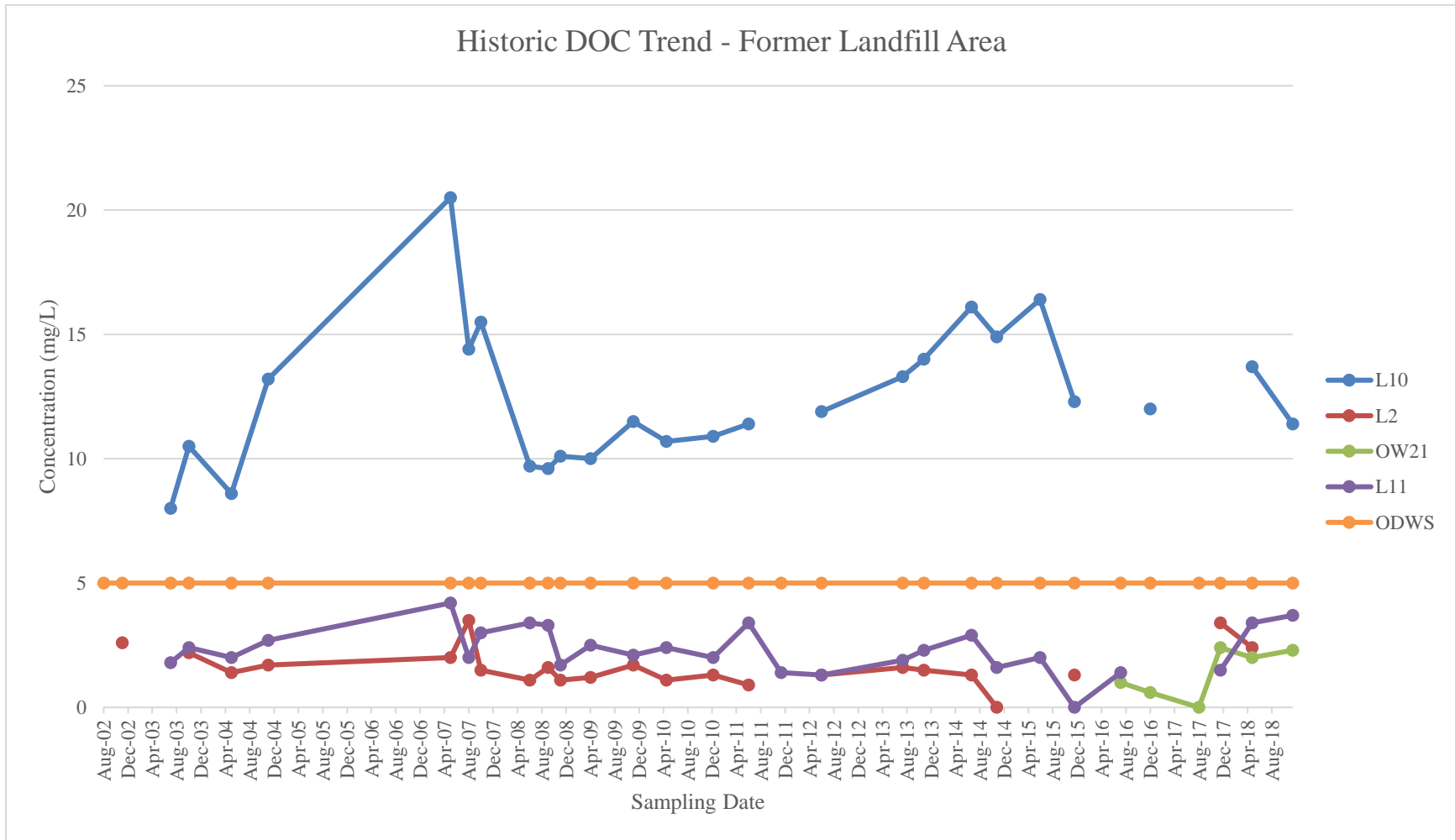


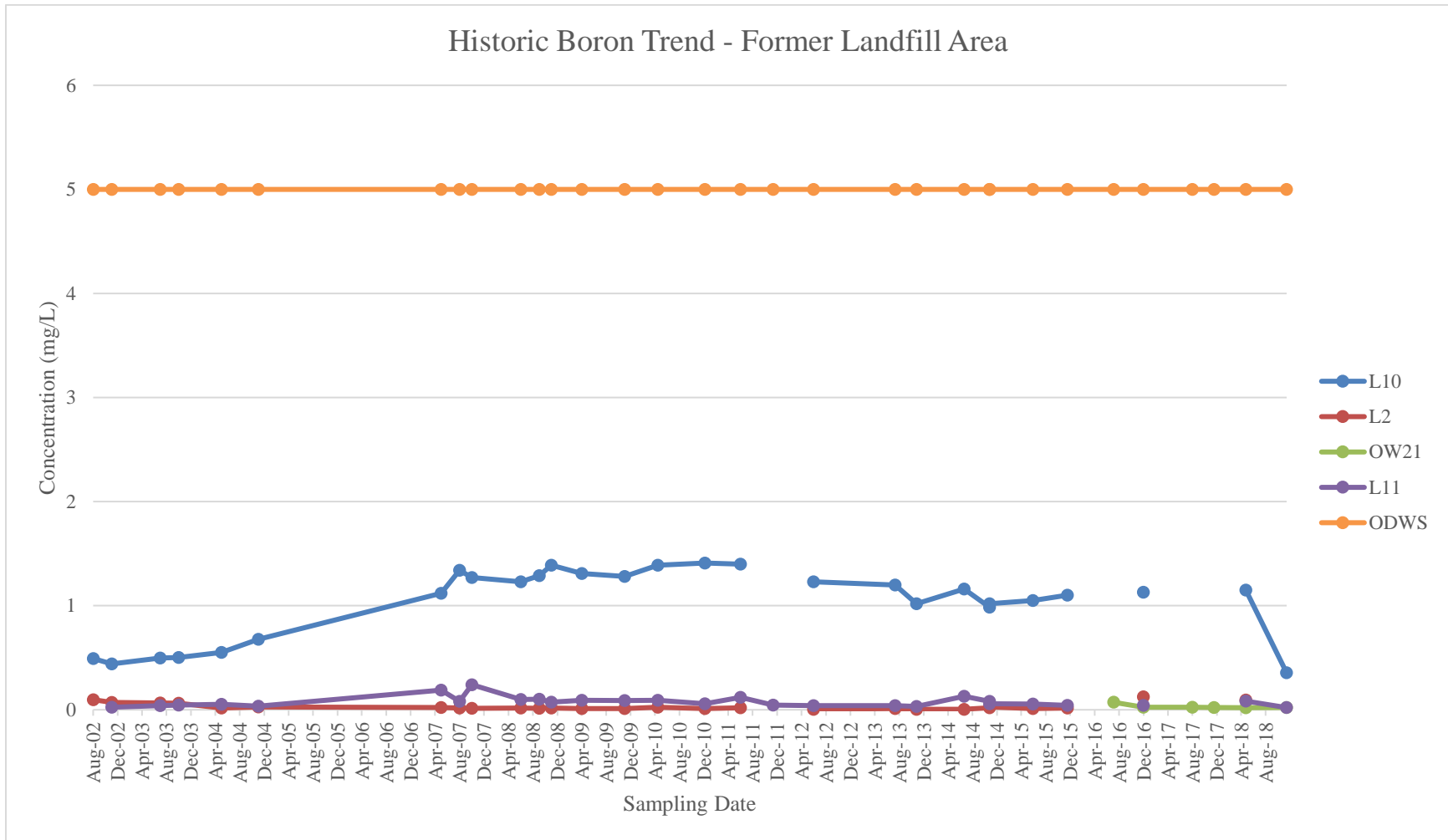




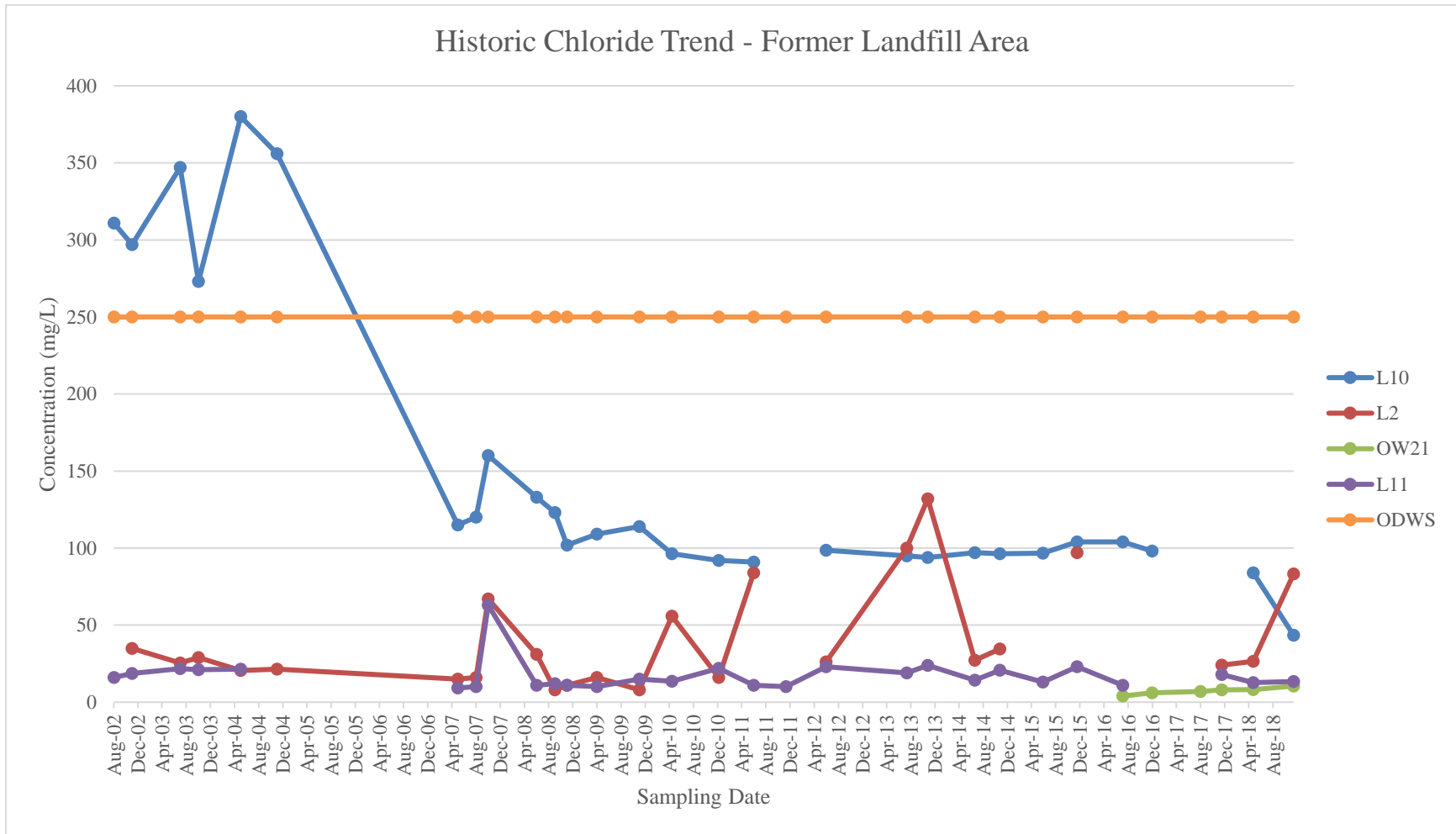


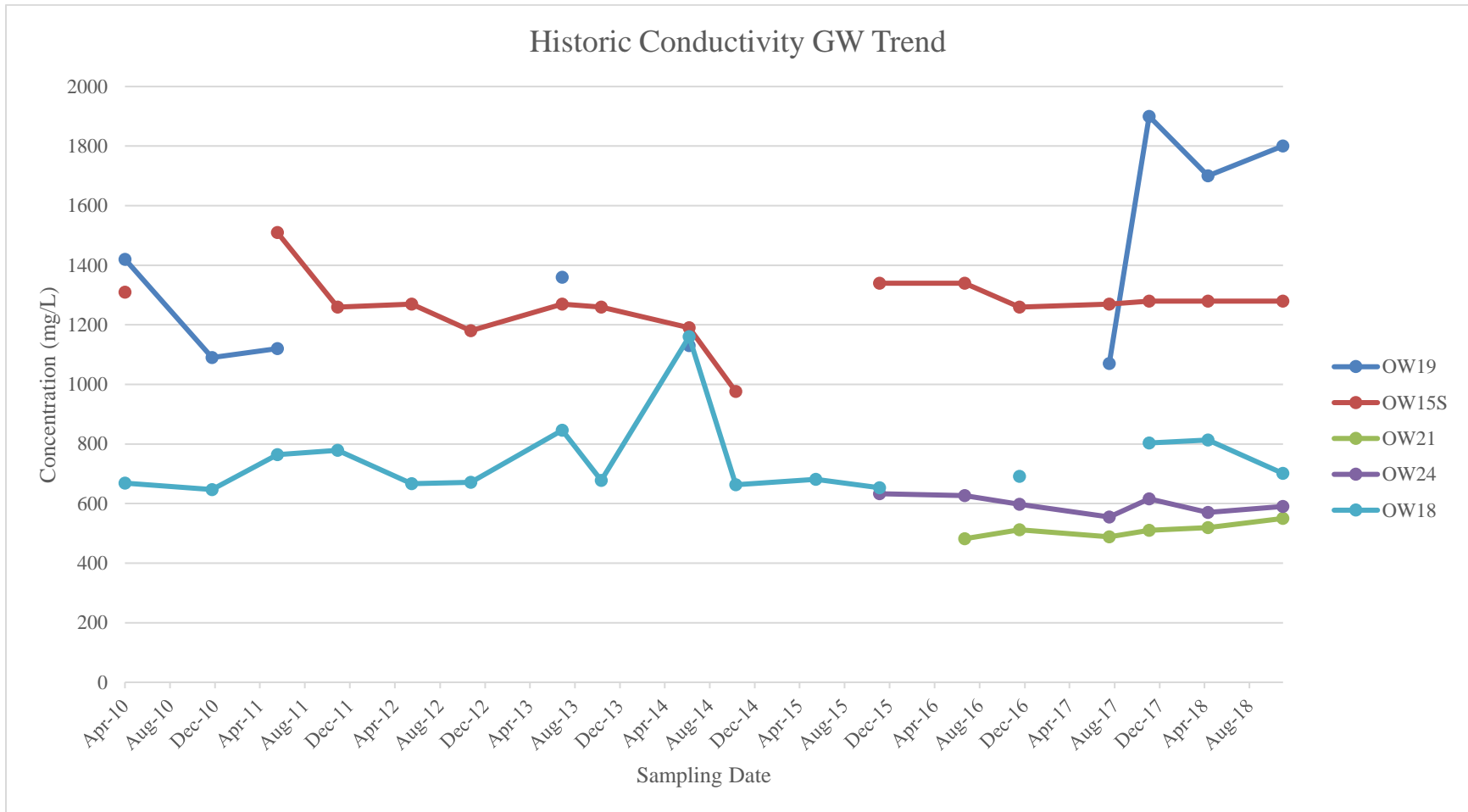


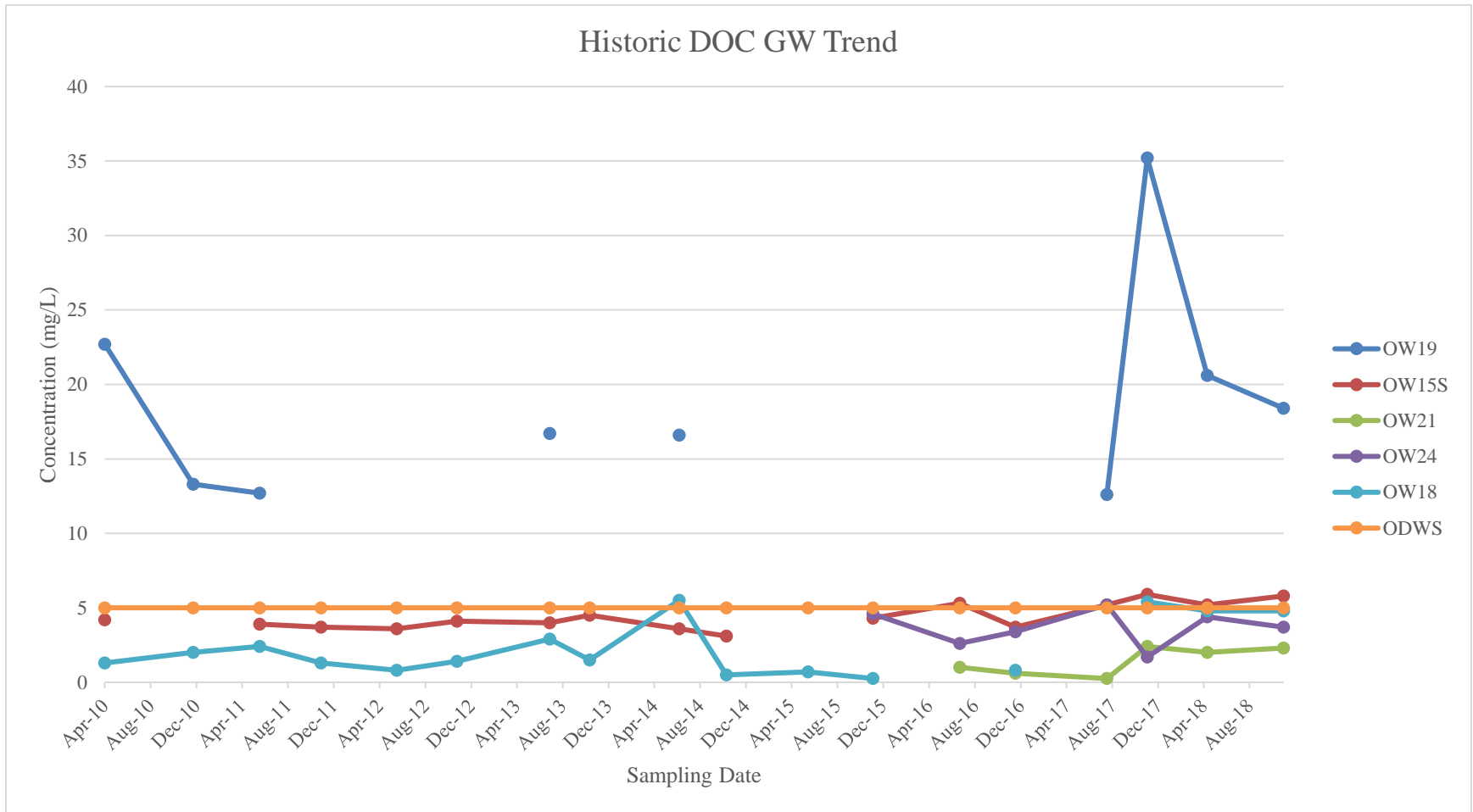


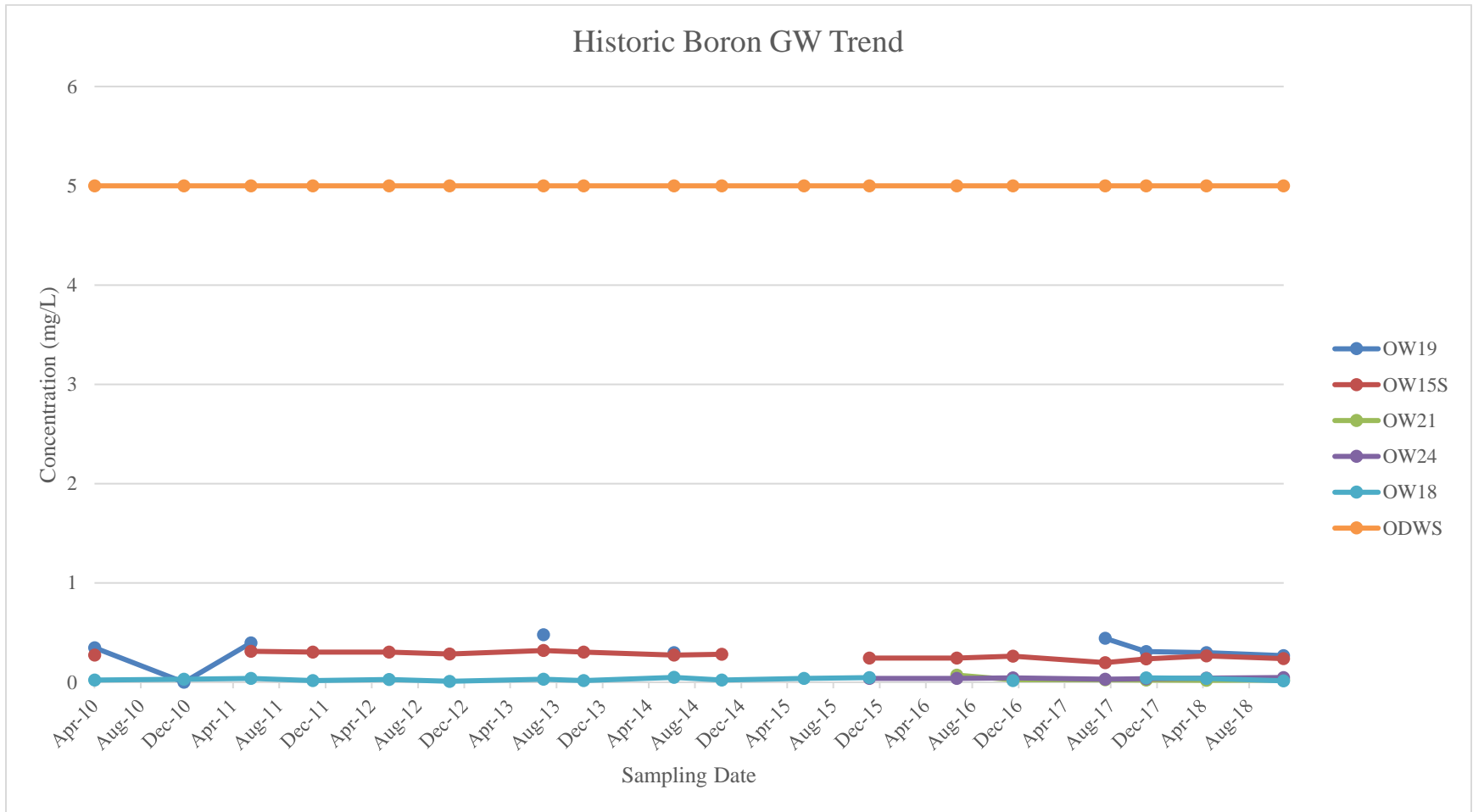


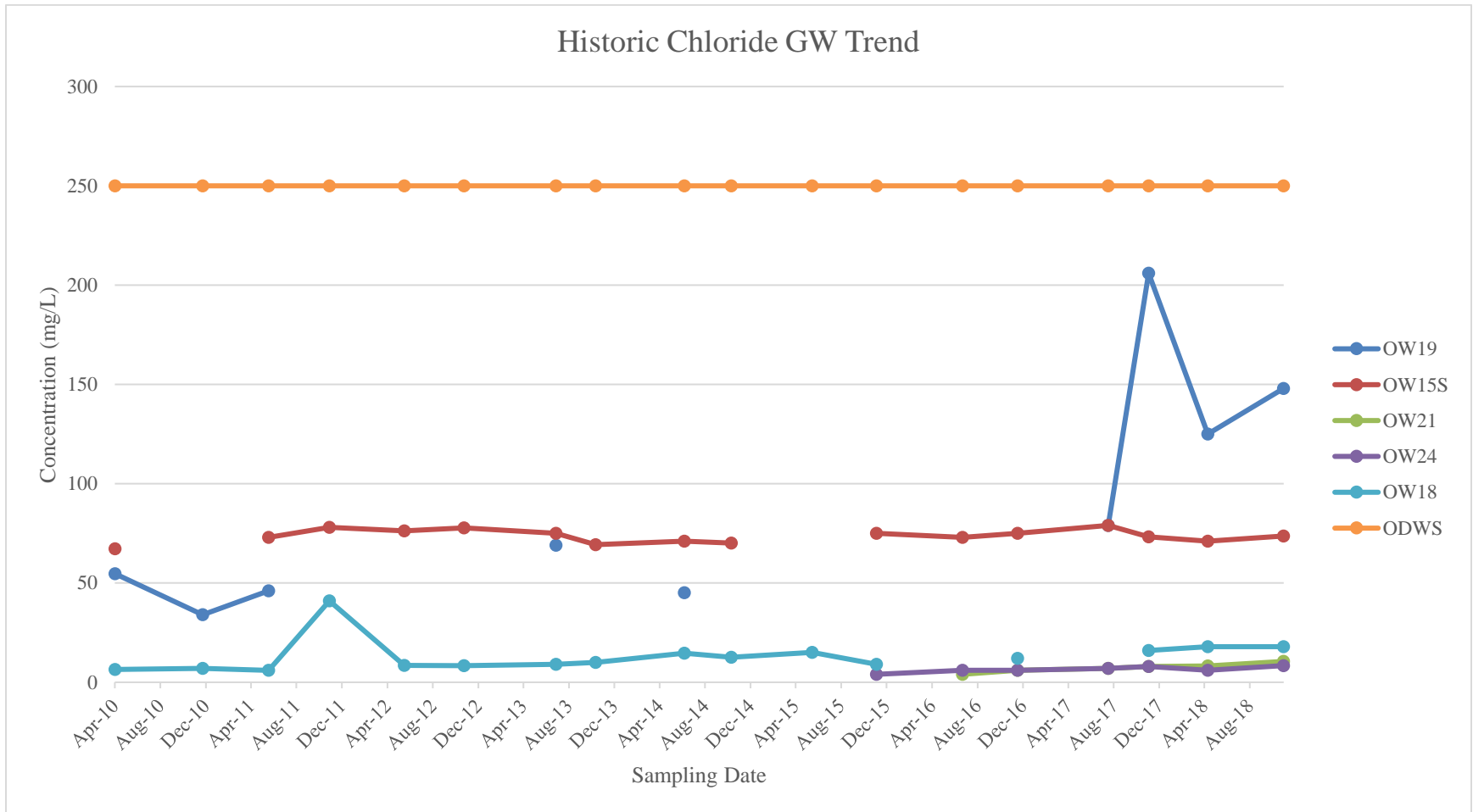












Appendix L  
Historical Analyses



















