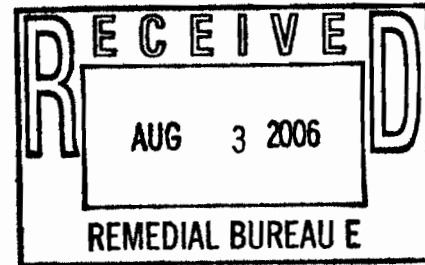




July 31, 2006

New York State Department of Environmental Conservation
Division of Environmental Remediation
Bureau of Construction Services
625 Broadway, 12th Floor
Albany, New York 12233-7013



Attn: Jeffrey E. Trad, P.E.
Environmental Engineer II

Re: Sonia Road Landfill Remediation Program
Site Registry No. 152013
Post Closure Program

Dear Mr. Trad:

Attached please find the Second Quarter Sonia Road Post Closure Monitoring Report for 2006. Also included is the June 2006 Gas Migration Monitoring Report and the Second Quarter Groundwater Monitoring Well Condition Report.

If there are any questions please contact me at (631) 224-5645.

Sincerely,

Alan R. Sanchez
Vice-President of Operations

ARS:clp

cc: Christopher A. Andrade, President
Paul J. DiMaria, P.E., Chief Engineer
Joe Cosci, Construction Coordinator
File

clp_NYSDEC_Trad_Rpt_Sonia Rd 2006 2nd Quart PCMR.wpd



**TOWN OF ISLIP
SUFFOLK COUNTY, NEW YORK**

**SONIA ROAD LANDFILL
WEST BRENTWOOD, NEW YORK
SITE REGISTRY NO. 152013**



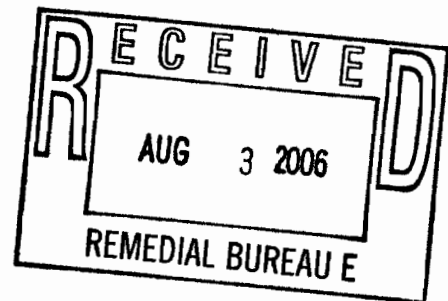
**POST CLOSURE
MONITORING AND MAINTENANCE REPORT**

JULY 2006

**POST-CLOSURE MONITORING AND MAINTENANCE REPORT
SONIA ROAD LANDFILL
BRENTWOOD, NEW YORK**

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SITE INSPECTION CHECKLIST

TOWN OF ISLIP
SONIA ROAD LANDFILL
POST CLOSURE MONITORING AND MAINTENANCE PLAN
SITE INSPECTION CHECKLIST

REVETMENT MATTING (RIP RAP)

DATE: 6/21/06

Quarterly Inspection Storm Inspection

INSPECTION BY: FAZIL RAHMAN

GRID I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
Side Slopes			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	
Gabion Curb			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	

PROBLEM CODE	
a	vandalism
b	slope movement
c	vector infestation
d	holes
e	holes in wire fabric
f	settlement
g	waste breakthrough
h	leachate breakthrough
i	exposed geosynthetics
j	damaged baskets
k	loose ties
l	

PRIORITY CODE	
1	Immediate
2	Correct within 1 week
3	Correct within 1 month
4	Correct within 3 months
5	Correct within 6 months
6	Correct within 1 year

Directions:
List only items or areas of the site where problems or deficiencies are noted or where repairs or rehabilitation are required.

If all Revetment Matting (Rip Rap) and Gabion Curbs are acceptable, check box and sign below.

Signature: *Fazil Rahman*

**TOWN OF ISLIP
SONIA ROAD LANDFILL
POST CLOSURE MONITORING AND MAINTENANCE PLAN
SITE INSPECTION CHECKLIST**

ACCESS ROADS

DATE: 6/21/06

Quarterly Inspection Storm Inspection

INSPECTION BY: FAZIL RAHAMAN

GRID I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
F5	G	4	Y/N #	FILL WITH R.C.A
E5	G	4	Y/N #	FILL WITH R.C.A
A5	G	4	Y/N #	FILL WITH R.C.A
B5	G	4	Y/N #	FILL WITH R.C.A
			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	

PROBLEM CODE	
a	potholes
b	burrow holes
c	erosion gullies
d	loss of stone cover
e	exposed geotextile
f	obstructions/debris
g	depressions
h	
i	
j	
k	
l	

PRIORITY CODE	
1	Immediate
2	Correct within 1 week
3	Correct within 1 month
4	Correct within 3 months
5	Correct within 6 months
6	Correct within 1 year

Directions:
List only items or areas of the site where problems or deficiencies are noted or where repairs or rehabilitation are required.

If all Access Roads are acceptable, check box and sign below.

Signature: *Fazil Rahman*

TOWN OF ISLIP
SONIA ROAD LANDFILL
POST CLOSURE MONITORING AND MAINTENANCE PLAN
SITE INSPECTION CHECKLIST

STORMWATER COLLECTION SYSTEM (1 of 4)

DATE: 6/21/06

Quarterly Inspection Storm Inspection

INSPECTION BY: FAZIL RAHAMAN

GRID I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
Perimeter Swales				
E1	F	1	<input checked="" type="checkbox"/> Y/N #	REMOVE GEORGRID DEBRIS.
G1	F	1	Y/N #	REMOVE GEORGRID DEBRIS.
			Y/N #	
			Y/N #	
Diversion Swales				
H4	F	1	Y/N #	REMOVE GEORGRID DEBRIS.
			Y/N #	
			Y/N #	
			Y/N #	

PROBLEM CODE	
a	vandalism
b	slope movement
c	silt accumulation
d	ponded water
e	vegetative cover
f	debris / clogging
g	erosion control fabric
h	loss of topsoil
i	exposed geosynthetics
j	wash outs
k	
l	

PRIORITY CODE	
1	Immediate
2	Correct within 1 week
3	Correct within 1 month
4	Correct within 3 months
5	Correct within 6 months
6	Correct within 1 year

Directions:

List only items or areas of the site where problems or deficiencies are noted or where repairs or rehabilitation are required.

If Perimeter Swales and Diversion Swales are acceptable, check box and sign below

Signature: Fazil Rahman

**TOWN OF ISLIP
SONIA ROAD LANDFILL
POST CLOSURE MONITORING AND MAINTENANCE PLAN
SITE INSPECTION CHECKLIST**

STORMWATER COLLECTION SYSTEM (2 of 4)

Quarterly Inspection Storm Inspection DATE: 6/1/06
 INSPECTION BY: EAZIL RAHMAN

GRID I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
Inlet Structures				
			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	
Rip Rap Drainway				
B4	L	4	Y/N #	Culvert Outlets
A4	L	4	Y/N #	AT TWO LOCATIONS CUT TREE'S AT GRADE
			Y/N #	CUT TREE AT GRADE
			Y/N #	

PROBLEM CODE	
a	vandalism
b	slope movement
c	silt accumulation
d	ponded water
e	vegetative cover
f	debris / clogging
g	erosion control fabric
h	loss of stone
i	loss of topsoil
j	soil erosion around
k	soil erosion beneath
l	woody vegetation

PRIORITY CODE	
1	Immediate
2	Correct within 1 week
3	Correct within 1 month
4	Correct within 3 months
5	Correct within 6 months
6	Correct within 1 year

Directions:
 List only items or areas of the site where problems or deficiencies are noted or where repairs or rehabilitation are required.

If Inlet Structures and Rip Rap Drainway are acceptable, check box and sign below.

Signature: Eazil Rahman

TOWN OF ISLIP
SONIA ROAD LANDFILL
POST CLOSURE MONITORING AND MAINTENANCE PLAN
SITE INSPECTION CHECKLIST

STORMWATER COLLECTION SYSTEM (3 of 4)

DATE: 6/21/06

Quarterly Inspection Storm Inspection

INSPECTION BY: FAZIL RAHMAN

GRID I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
Energy Dissipators				
<u>65</u>	<u>k</u>	<u>4</u>	Y/N #	<u>CUT TREE AT GRADE</u>
			Y/N #	
			Y/N #	
			Y/N #	
Downchutes				
			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	

PROBLEM CODE	
a	vandalism
b	slope movement
c	silt accumulation
d	ponded water
e	damage / instability
f	debris / clogging
g	soil erosion around
h	loss of stone
i	soil erosion beneath
j	loose ties on baskets
k	slippage of gabion
l	woody vegetation

PRIORITY CODE	
1	immediate
2	Correct within 1 week
3	Correct within 1 month
4	Correct within 3 months
5	Correct within 6 months
6	Correct within 1 year

Directions:
List only items or areas of the site where problems or deficiencies are noted or where repairs or rehabilitation are required.

If Energy Dissipators and Downchutes are acceptable, check box and sign below.

Signature: Fazil Rahman

TOWN OF ISLIP
SONIA ROAD LANDFILL
POST CLOSURE MONITORING AND MAINTENANCE PLAN
SITE INSPECTION CHECKLIST

STORMWATER COLLECTION SYSTEM (4 of 4)

DATE: 6/21/06

Quarterly Inspection Storm Inspection

INSPECTION BY: FAZIL RAHMAN

GRID I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
Drywells				
			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	
Culverts / Outlets				
			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	

PROBLEM CODE	
a	vandalism
b	slope movement
c	silt accumulation
d	ponded water
e	vegetative cover
f	debris / clogging
g	erosion control fabric
h	soil erosion around
i	exposed geosynthetics
j	damage / instability
k	
l	

PRIORITY CODE	
1	Immediate
2	Correct within 1 week
3	Correct within 1 month
4	Correct within 3 months
5	Correct within 6 months
6	Correct within 1 year

Directions:
List only items or areas of the site where problems or deficiencies are noted or where repairs or rehabilitation are required.

If Drywells and Culverts are acceptable, check box and sign below.

Signature: *Fazil Rahman*

TOWN OF ISLIP
SONIA ROAD LANDFILL
POST CLOSURE MONITORING AND MAINTENANCE PLAN
SITE INSPECTION CHECKLIST

RECHARGE BASINS

DATE: 6/21/06

Quarterly Inspection Storm Inspection

INSPECTION BY: HAZIL BASHAWAN

GRID I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
Recharge Basin No. 1				
A3	B	4	Y/N #	MINOR EROSION FILL WITH RCA
A3	F	4	Y/N #	REMOVE LITTER (WEST SIDE SLOPE)
			Y/N #	
			Y/N #	
Recharge Basin No. 2				
			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	

PROBLEM CODE	
a	vegetation
b	sideslope erosion
c	sideslope failures
d	silt accumulation
e	overflow conditions
f	debris / clogging

PRIORITY CODE	
1	Immediate
2	Correct within 1 week
3	Correct within 1 month
4	Correct within 3 months
5	Correct within 6 months
6	Correct within 1 year

Directions:
List only items or areas of the site where problems or deficiencies are noted or where repairs or rehabilitation are required.

If both Recharge Basins are acceptable, check box and sign below.

Signature: *[Signature]*

TOWN OF ISLIP
SONIA ROAD LANDFILL
POST CLOSURE MONITORING AND MAINTENANCE PLAN
SITE INSPECTION CHECKLIST

MONITORING WELLS

DATE: 6/21/06
INSPECTION BY: FAZIL RAHMAN

Quarterly Inspection Storm Inspection

ITEM I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
Landfill Gas Monitoring Wells				
GM 13	C	4	Y/N #	See well condition reports prepared by Town consultants. SETTLEMENT OF PROTECTIVE STEEL CASING.
GM 14	C	4	Y/N #	SETTLEMENT OF PROTECTIVE STEEL CASING.
GM 9	A	3	Y/N #	REPLACE BROKEN NOZZLE CONTROLLER.
GM 15	A	3	Y/N #	REPLACE BROKEN NOZZLE CONTROLLER.
Groundwater Monitoring Wells				
MW-115	A	4	Y/N #	See well condition reports prepared by Town consultants. WELL IS BURIED UNDER PILE OF DIRT. REPLACE FLUSH MOUNT COVER.
MW-110	A	4	Y/N #	LABEL WELL CASING. BOLT HOLES ON VAULT BOX STRIPPED. VAULT BOX FILLED WITH MUD.

PROBLEM CODE	
a	damage
b	vandalism
c	settlement
d	vector infestation
e	
f	

PRIORITY CODE	
1	Immediate
2	Correct within 1 week
3	Correct within 1 month
4	Correct within 3 months
5	Correct within 6 months
6	Correct within 1 year

Directions:
List only items or areas of the site where problems or deficiencies are noted or where repairs or rehabilitation are required.

If all Monitoring Wells are acceptable, check box and sign below.

Signature: Fazil Rahman

**TOWN OF ISLIP
SONIA ROAD LANDFILL
POST CLOSURE MONITORING AND MAINTENANCE PLAN
SITE INSPECTION CHECKLIST**

LANDFILL GAS COLLECTION SYSTEM

DATE: 6/21/06

Quarterly inspection Storm Inspection

INSPECTION BY: FAZIL RAHMAN

ITEM I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
LFG Recovery Wells / Valve Vaults				
GK 12	L	4	Y/N #	REFER TO COMMENT PG. 14
			Y/N #	REMOVE R.C.A. FROM COVER
			Y/N #	
			Y/N #	
LFG Collection Wells (GC1 - GC16)				
GC 3	D	4	Y/N #	REFER TO COMMENT PG. 14
			Y/N #	ADJUST HEIGHT OF CASING PIPE (RESET MANHOLE COVER)
			Y/N #	
			Y/N #	

PROBLEM CODE	
a	odor
b	damage
c	vandalism
d	settlement
e	vector infestation
f	no vacuum
g	broken valve
h	broken piping
i	exposed geosynthetics
j	damage / instability
k	soil erosion around
l	access restricted

PRIORITY CODE	
1	Immediate
2	Correct within 1 week
3	Correct within 1 month
4	Correct within 3 months
5	Correct within 6 months
6	Correct within 1 year

Directions:
List only items or areas of the site where problems or deficiencies are noted or where repairs or rehabilitation are required.

If entire site Landfill Gas Collection System is acceptable, check box and sign below.

Signature: Fazil Rahman

**TOWN OF ISLIP
SONIA ROAD LANDFILL
POST CLOSURE MONITORING AND MAINTENANCE PLAN
SITE INSPECTION CHECKLIST**

LANDFILL GAS COMPOUND

DATE: 6/21/06

INSPECTION BY: EAZIL RAHMAN

Quarterly Inspection Storm Inspection

ITEM I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
Blower Pad / Blower Nos. 104A and 104B				
104A	J	4	Y/N #	REPLACE VACUUM GAUGE
104B	J	4	Y/N #	REPLACE VACUUM GAUGE
Flare				
			Y/N #	
			Y/N #	
Condensate Storage				
			Y/N #	Liquid Volume = 3.7 2.4 gallons Alarms: Y (X) Test System: OK (Not Successful)
			Y/N #	STICK MEASURE, 43"
			Y/N #	

PROBLEM CODE	
a	odor
b	damage
c	vandalism
d	mechanical noise
e	no vacuum
f	alarms
g	broken valve
h	broken piping
i	broken belts
j	gauges
k	
l	

PRIORITY CODE	
1	Immediate
2	Correct within 1 week
3	Correct within 1 month
4	Correct within 3 months
5	Correct within 6 months
6	Correct within 1 year

Directions:
List only items or areas of the site where problems or deficiencies are noted or where repairs or rehabilitation are required.

If entire Landfill Gas Compound is acceptable, check box and sign below.

Signature: Eazil Rahman

**TOWN OF ISLIP
SONIA ROAD LANDFILL
POST CLOSURE MONITORING AND MAINTENANCE PLAN
SITE INSPECTION CHECKLIST**

SITE FACILITIES

Quarterly Inspection Storm Inspection DATE: 6/21/06 INSPECTION BY: EZIK RAHAMAN

ITEM I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
Electrical Panels and Control Panels				
BLOWER	G	4	Y/N #	Lights tested <input checked="" type="checkbox"/> N
^{GAS} CONDENSATE	A	4	Y/N #	REPLACE TOTAL OF 9 INDICATOR LIGHT BULBS.
Gates / Locks / Signs				BURNT WIRES ON HEATER BAR
^{GAS} CONDENSATE	F	4	Y/N #	75% FULL SIGN HAS TO BE ATTACHED.
Fencing (Identify location by Grid I.D.)				
			Y/N #	
			Y/N #	
Site Trailer				
			Y/N #	

PROBLEM CODE	
a	damage
b	vandalism
c	alarms
d	missing locks
e	missing signs
f	hole in fence fabric
g	replace indicator lights
h	tripped / reset required
i	
j	
k	
l	

PRIORITY CODE	
1	Immediate
2	Correct within 1 week
3	Correct within 1 month
4	Correct within 3 months
5	Correct within 6 months
6	Correct within 1 year

Directions:
List only items or areas of the site where problems or deficiencies are noted or where repairs or rehabilitation are required.

If all Site Facilities are acceptable, check box and sign below.

Signature: Ezik Rahaman

GAS MIGRATION MONITORING

FPM Group, Ltd.

FPM Engineering Group, P.C.

formerly Fanning, Phillips and Molnar

CORPORATE HEADQUARTERS

909 Marconi Avenue

Ronkonkoma, NY 11779

631/737-6200

Fax 631/737-2410

June 9, 2006

Mr. Alan R. Sanchez
Vice President of Operations
Islip Resource Recovery Agency
401 Main Street
Islip, New York 11751

Re: **Sonia Road Landfill**
June 2006 Landfill Gas Monitoring Results
FPM File No. 631-04-06

Dear Mr. Sanchez:

On June 6 and 8, 2006, FPM Group (FPM) performed landfill gas monitoring at the above-referenced site. Monitoring was performed with a Landtec GA-90 Gas Analyzer, model GA1/1.

Oxygen (O₂) gas and methane (CH₄) gas were zeroed according to the manufacturer's specifications. The gas analyzer was calibrated with 15 percent (%) CH₄ with the balance nitrogen (N₂) gas, 15% carbon dioxide (CO₂) with the balance N₂ gas, and background O₂ according to the manufacturer's recommendation prior to sampling.

The landfill gas monitoring results are provided in Table 1. The next landfill gas monitoring event is tentatively scheduled for July 6, 2006. Thomas Dudo will be notified several days in advance of the sampling event. **Prior to the next monitoring event, it is requested that each well be cleared of overgrown vegetation.**

Should you have any questions, please do not hesitate to call me at (631) 737-6200, ext. 229.

Sincerely,



Jessica K. Bluth
Hydrogeologist

JKB:tac
Attachment

cc: Paul J. DiMaria, P.E. (via fax)
Thomas Dudo (via fax)

\\lifs\clients\Islip RRA\Reports\Sonia-Itrs\2006 letters\June 9.doc

**TABLE 1
LANDFILL GAS MONITORING RESULTS
SONIA ROAD LANDFILL
ISLIP, NEW YORK**

Gas Monitoring Wells

Location ID	Well Condition	Time & Date	CH ₄	CO ₂	O ₂	Atmospheric Pressure	Relative Pressure
SONIBLOW	OK	6/6/2006 12:52	0.0	0.0	20.0	30.3	-36.20
GM-01	OK	6/6/2006 12:54	0.0	0.2	19.4	30.3	0.00
GM-02	OK	6/6/2006 13:04	0.0	5.6	6.5	30.3	0.00
GM-03	OK	6/6/2006 13:11	0.0	0.1	19.8	30.3	0.00
GM-04	OK	6/8/2006 11:12	0.0	0.5	19.1	30.3	-0.10
GM-05	OK	6/6/2006 13:19	0.0	0.5	18.0	30.3	-0.50
GM-06	OK	6/6/2006 13:30	0.0	0.3	19.4	30.3	-0.20
GM-07	OK	6/6/2006 13:36	0.0	0.3	19.1	30.3	-0.30
GM-08	OK	6/6/2006 13:41	0.0	0.3	19.6	30.3	-0.10
GM-09	*	6/6/2006 13:46	0.0	0.9	18.8	30.3	-0.10
GM-10	OK	6/6/2006 13:51	0.0	0.1	19.7	30.3	0.00
GM-11	OK	6/6/2006 13:56	0.0	1.1	18.7	30.3	0.00
GM-12	OK	6/6/2006 14:17	0.0	0.1	19.8	30.2	0.00
GM-13	*	6/6/2006 14:22	0.0	0.7	18.6	30.4	0.00
GM-14	*	6/6/2006 14:29	0.0	0.8	18.8	30.4	0.20
GM-15	*	6/6/2006 14:34	0.0	0.9	18.7	30.3	0.00
GM-16	OK	6/6/2006 14:38	0.0	0.5	19.0	30.3	-0.10
GM-17	OK	6/6/2006 14:42	0.0	0.3	19.4	30.3	-0.10

Notes:

CH₄, CO₂, and O₂ are reported in percent gas.

Relative well head pressure is reported in inches of water.

Atmospheric pressure is reported in inches of mercury.

Recovery System Status - On

GM-04 was sampled on June 8, 2006 due to being inaccessible on June 6, 2006.

Weather: 6/6/2006 - Partly sunny, 70°F 6/8/2006 - Overcast, 68°F

*GM-09 - Broken nozzle controller

*GM-13 - Exterior casing is obstructed by well cap and will not close

*GM-14 - Exterior casing is obstructed by well cap and will not close

*GM-15 - Broken nozzle controller

FPM

GROUNDWATER WELL CONDITION



**Dvirka
and
Bartilucci**

CONSULTING ENGINEERS

330 Crossways Park Drive, Woodbury, New York, 11797-2015
516-364-9890 • 718-460-3634 • Fax: 516-364-9045
e-mail: findingsolutions@db-eng.com

June 6, 2006

Principals

Nicholas J. Bartilucci, P.E.
President

Henry J. Chlupsa, P.E.
Executive Vice President

Steven A. Fangmann, P.E.
Senior Vice President

Richard M. Walka
Senior Vice President

John A. Miranda, P.E.
Vice President

Anthony O. Conetta, P.E.
Vice President

Dennis F. Koehler, P.E.
Vice President

Joseph H. Marturano
Vice President

Kenneth J. Pritchard, P.E.
Vice President

Theodore S. Pytlar, Jr.
Vice President

Brian M. Valth, P.E.
Vice President

Senior Associates

Garrett M. Byrnes, P.E.

Thomas P. Fox, P.G.

William D. Merkin, P.E.

Michael Neuberger, P.E.

Kenneth P. Wenz, Jr., C.P.G.

Associates

Joseph F. Baader

Steven M. Cabrera

Rudolph F. Cannavale

Christopher M. Clement

Stefanos J. Eapen, R.A.

Joseph A. Fioraliso, P.E.

Christopher W. Francis

Robert L. Haynie, P.E.

Michael R. Hofgren

Sean Pepling, P.G.

Edward J. Reilly

Daniel Shabel, P.E.

Charles J. Wachsmuth, P.E.

Paul J. DiMaria, P.E.
Chief Engineer
Islip Resource Recovery Agency
401 Main Street
Islip, NY 11751

Re: Sonia Road Landfill
Post-closure Groundwater Monitoring Program
Well Condition Report
D&B No. 2023-16B

Dear Mr. DiMaria:

This letter provides the second quarter 2006 Well Condition Report for the Sonia Road Landfill. The report consists of Table 1, which presents a summary of monitoring well status and deficiencies along with recommendations. Wells which require attention have been shaded on the table. In addition, individual monitoring well inspection checklists are included.

If you have any questions or require additional information, please call me at (516) 364-9890.

Very truly yours,

Kenneth P. Wenz, Jr., CPG
Senior Associate

KPW/KSR/tp
Enclosure

cc: Francis Ribaldo (IRRA)

♦2023\KPW06LTR-06

Table 1
SONIA ROAD LANDFILL
POST CLOSURE GROUNDWATER MONITORING PROGRAM
SUMMARY OF MONITORING WELL STATUS AND DEFICIENCIES
2ND QUARTER SAMPLING (2006)

Well Designation	Surface Concrete Seal		Ponding of Water Around Concrete Seal	Protective Flush-Mounted Cover/Standpipe Cover and Lock		Well Casing Alignment	Survey Measuring Point Clearly Marked	Well Clearly Labeled	Well is Protected	Remarks and Recommendations
	Intact	Cracked		Missing	Cover/Pipe -- Intact					
MW-1S	Yes			Yes	Yes	Straight	Yes	Yes	Yes	
MW-1I	Yes		No	Yes	Yes	Straight	Yes	Yes	Yes	
MW-1D	Yes		No	Yes	Yes	Straight	Yes	Yes	Yes	
MW-2I	Yes		No	No	Yes	Straight	Yes	Yes	Yes	
MW-2D	Yes		No	Yes	Yes	Straight	Yes	Yes	Yes	
MW-3S			No	Yes	Yes	Straight	Yes	Yes	Yes	
MW-3I			No	Yes	Yes	Straight	Yes	Yes	Yes	
MW-3D	Yes		No	Yes	Yes	Straight	Yes	Yes	Yes	
MW-4S	Yes		No	Yes	Yes	Straight	Yes	Yes	Yes	
MW-4I	Yes		No	Yes	Yes	Bent to SW	Yes	Yes	Yes	
MW-4D	Yes		No	Yes	Yes	Bent to SW	Yes	Yes	Yes	
MW-5S	Yes		No	Yes	Yes	Straight	Yes	On cap	Yes	
MW-5I	Yes		No	Yes	Yes	Straight	Yes	On cap	Yes	
MW-5D	Yes		No	Yes	Yes	Straight	Yes	On cap	Yes	
MW-6S	Yes		No	Yes	Yes	Straight	Yes	Yes	Yes	
MW-6I	Yes		No	Yes	Yes	Straight	Yes	Yes	Yes	
MW-6D	Yes		No	Yes	Yes	Straight	Yes	Yes	Yes	
MW-7S	Yes		No	Yes	Yes	Straight	Yes	Yes	Yes	
MW-7I	Yes		No	Yes	Yes	Straight	Yes	Yes	Yes	
MW-7D	Yes		No	Yes	Yes	Bent to SE	Yes	Yes	Yes	
MW-10S	Yes		No	Yes	Yes	Straight	No	Yes	Yes	
MW-10I	Yes		No	Yes	Yes	Straight	Yes	Yes	Yes	
MW-10D	Yes		No	Yes	Yes	Straight	Yes	Yes	Yes	

Table 1 (continued)

**SONIA ROAD LANDFILL
POST CLOSURE GROUNDWATER MONITORING PROGRAM
SUMMARY OF MONITORING WELL STATUS AND DEFICIENCIES
2ND QUARTER SAMPLING (2006)**

Well Designation	Surface Concrete Seal			Ponding of Water Around Concrete Seal	Protective Flush-Mounted Cover/Standpipe Cover and Lock		Well Casing Alignment	Survey Measuring Point Clearly Marked	Well Clearly Labeled	Well is Protected	Remarks and Recommendations
	Intact	Cracked	Missing		Cover/Pipe - Intact	Lock - In Place					
MW-11S			Not Visible	No	No	Yes	Straight	Yes	On cap	Yes	Replace flush-mounted cover, rebuild and raise concrete surface pad.
MW-11I	Yes			No	Yes	Yes	Bent to SE	Yes	On cap	Yes	
MW-11D			Not Visible	No	Yes	Yes	Straight	Yes	On cap	Yes	Rebuild and raise concrete surface pad.
MW-12S	Yes			No	Yes	Yes	Straight	Yes	On cap	Yes	
MW-12I	Yes			Yes	Yes	Yes	Straight	Yes	On cap	Yes	
MW-12D	Yes			No	Yes	Yes	Straight	Yes	On cap	Yes	
MW-13S			Not visible	No	Yes	Yes	Straight	Yes	On cap	Yes	
MW-13I			Not visible	No	Yes	Yes	Straight	Yes	On cap	Yes	
MW-13D			Not visible	No	Yes	Yes	Straight	Yes	On cap	Yes	
MW-14S			Not visible	No	Yes	Yes	Straight	Yes	On cap	Yes	
MW-14I		Yes		No	Yes	Yes	Straight	Yes	On cap	Yes	
MW-14D			Not visible	No	Yes	Yes	Straight	Yes	On cap	Yes	

Notes:

Monitoring wells that require attention.

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-011

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	<u> X </u>	<u> </u>	<u> </u>
Cracked	<u> </u>	<u> </u>	<u> </u>
Missing	<u> </u>	<u> </u>	<u> </u>
2. Ponding of Water Around Concrete Seal		<u> X </u>	
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	<u> X </u>	<u> </u>	<u> </u>
Standpipe - Intact	<u> </u>	<u> </u>	<u> </u>
Lock - Intact	<u> X </u>	<u> </u>	<u> </u>
4. Well Casing Alignment (Straight)	<u> X </u>	<u> </u>	<u> </u>
5. Survey Measuring Point Clearly Marked	<u> X </u>	<u> </u>	<u> </u>
6. Well Clearly Labeled	<u> X </u>	<u> </u>	<u> </u>
7. Well is Protected	<u> X </u>	<u> </u>	<u> </u>

Comments: _____

Inspector Signature _____

Date of Inspection 5/17/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-02I

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	X		
Cracked			
Missing			
2. Ponding of Water Around Concrete Seal		X	
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	X		
Standpipe - Intact			
Lock - Intact	X		
4. Well Casing Alignment (Straight)	X		
5. Survey Measuring Point Clearly Marked	X		
6. Well Clearly Labeled	X		
7. Well is Protected	X		

Comments:

Inspector Signature _____

Date of Inspection 5/17/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-03S

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	_____	_____	_____
Cracked	_____	_____	_____
Missing	<u> X </u>	_____	<u> Not visible </u>
2. Ponding of Water Around Concrete Seal	_____	<u> X </u>	_____
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	<u> X </u>	_____	_____
Standpipe - Intact	_____	_____	_____
Lock - Intact	<u> X </u>	_____	_____
4. Well Casing Alignment (Straight)	<u> X </u>	_____	_____
5. Survey Measuring Point Clearly Marked	<u> X </u>	_____	_____
6. Well Clearly Labeled	<u> X </u>	_____	_____
7. Well is Protected	<u> X </u>	_____	_____

Comments:

Inspector Signature _____

Date of Inspection 5/17/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-03I

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	_____	_____	_____
Cracked	_____	_____	_____
Missing	X	_____	Not visible
2. Ponding of Water Around Concrete Seal	_____	X	_____
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	X	_____	_____
Standpipe - Intact	_____	_____	_____
Lock - Intact	X	_____	_____
4. Well Casing Alignment (Straight)	X	_____	_____
5. Survey Measuring Point Clearly Marked	X	_____	_____
6. Well Clearly Labeled	X	_____	_____
7. Well is Protected	X	_____	_____

Comments:

Inspector Signature _____

Date of Inspection 5/17/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-03D

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	<u> X </u>	<u> </u>	<u> </u>
Cracked	<u> </u>	<u> </u>	<u> </u>
Missing	<u> </u>	<u> </u>	<u> </u>
2. Ponding of Water Around Concrete Seal		<u> X </u>	<u> </u>
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	<u> X </u>	<u> </u>	<u> </u>
Standpipe - Intact	<u> </u>	<u> </u>	<u> </u>
Lock - Intact	<u> X </u>	<u> </u>	<u> </u>
4. Well Casing Alignment (Straight)	<u> X </u>	<u> </u>	<u> </u>
5. Survey Measuring Point Clearly Marked	<u> X </u>	<u> </u>	<u> </u>
6. Well Clearly Labeled	<u> X </u>	<u> </u>	<u> </u>
7. Well is Protected	<u> X </u>	<u> </u>	<u> </u>

Comments:

Inspector Signature _____

Date of Inspection 5/17/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-04S

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	<u> X </u>	<u> </u>	<u> </u>
Cracked	<u> </u>	<u> </u>	<u> </u>
Missing	<u> </u>	<u> </u>	<u> </u>
2. Ponding of Water Around Concrete Seal		<u> X </u>	
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	<u> X </u>	<u> </u>	<u> </u>
Standpipe - Intact	<u> </u>	<u> </u>	<u> </u>
Lock - Intact	<u> X </u>	<u> </u>	<u> </u>
4. Well Casing Alignment (Straight)	<u> X </u>	<u> </u>	<u> </u>
5. Survey Measuring Point Clearly Marked	<u> X </u>	<u> </u>	<u> </u>
6. Well Clearly Labeled	<u> X </u>	<u> </u>	<u> </u>
7. Well is Protected	<u> X </u>	<u> </u>	<u> </u>

Comments:

Inspector Signature _____

Date of Inspection 5/17/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-04D

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	<u> X </u>	<u> </u>	<u> </u>
Cracked	<u> </u>	<u> </u>	<u> </u>
Missing	<u> </u>	<u> </u>	<u> </u>
2. Ponding of Water Around Concrete Seal		<u> X </u>	
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	<u> X </u>	<u> </u>	<u> </u>
Standpipe - Intact	<u> </u>	<u> </u>	<u> </u>
Lock - Intact	<u> X </u>	<u> </u>	<u> </u>
4. Well Casing Alignment (Straight)		<u> X </u>	<u> bent to southwest </u>
5. Survey Measuring Point Clearly Marked	<u> X </u>	<u> </u>	<u> </u>
6. Well Clearly Labeled	<u> X </u>	<u> </u>	<u> </u>
7. Well is Protected	<u> X </u>	<u> </u>	<u> </u>

Comments: _____

Inspector Signature _____

Date of Inspection 5/17/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-05S

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	<u> X </u>	<u> </u>	<u> </u>
Cracked	<u> </u>	<u> </u>	<u> </u>
Missing	<u> </u>	<u> </u>	<u> </u>
2. Ponding of Water Around Concrete Seal		<u> X </u>	
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	<u> X </u>	<u> </u>	<u> </u>
Standpipe - Intact	<u> </u>	<u> </u>	<u> </u>
Lock - Intact	<u> X </u>	<u> </u>	<u> </u>
4. Well Casing Alignment (Straight)	<u> X </u>	<u> </u>	<u> </u>
5. Survey Measuring Point Clearly Marked	<u> X </u>	<u> </u>	<u> </u>
6. Well Clearly Labeled	<u> </u>	<u> X </u>	<u> On cap </u>
7. Well is Protected	<u> X </u>	<u> </u>	<u> </u>

Comments:

Inspector Signature _____

Date of Inspection 5/17/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-05I

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	<u> X </u>	<u> </u>	<u> </u>
Cracked	<u> </u>	<u> </u>	<u> </u>
Missing	<u> </u>	<u> </u>	<u> </u>
2. Ponding of Water Around Concrete Seal	<u> </u>	<u> X </u>	<u> </u>
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	<u> X </u>	<u> </u>	<u> </u>
Standpipe - Intact	<u> </u>	<u> </u>	<u> </u>
Lock - Intact	<u> X </u>	<u> </u>	<u> </u>
4. Well Casing Alignment (Straight)	<u> X </u>	<u> </u>	<u> </u>
5. Survey Measuring Point Clearly Marked	<u> X </u>	<u> </u>	<u> </u>
6. Well Clearly Labeled	<u> X </u>	<u> </u>	<u> On cap </u>
7. Well is Protected	<u> X </u>	<u> </u>	<u> </u>

Comments:

Inspector Signature _____

Date of Inspection 5/17/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-05D

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	<u> X </u>	<u> </u>	<u> </u>
Cracked	<u> </u>	<u> </u>	<u> </u>
Missing	<u> </u>	<u> </u>	<u> </u>
2. Ponding of Water Around Concrete Seal		<u> X </u>	
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	<u> X </u>	<u> </u>	<u> </u>
Standpipe - Intact	<u> </u>	<u> </u>	<u> </u>
Lock - Intact	<u> X </u>	<u> </u>	<u> </u>
4. Well Casing Alignment (Straight)	<u> X </u>	<u> </u>	<u> </u>
5. Survey Measuring Point Clearly Marked	<u> X </u>	<u> </u>	<u> </u>
6. Well Clearly Labeled	<u> X </u>	<u> </u>	<u> On cap </u>
7. Well is Protected	<u> X </u>	<u> </u>	<u> </u>

Comments:

Inspector Signature _____

Date of Inspection 5/17/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-06S

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	<u>X</u>	<u> </u>	<u> </u>
Cracked	<u> </u>	<u> </u>	<u> </u>
Missing	<u> </u>	<u> </u>	<u> </u>
2. Ponding of Water Around Concrete Seal		<u>X</u>	<u> </u>
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	<u>X</u>	<u> </u>	<u> </u>
Standpipe - Intact	<u> </u>	<u> </u>	<u> </u>
Lock - Intact	<u>X</u>	<u> </u>	<u> </u>
4. Well Casing Alignment (Straight)	<u>X</u>	<u> </u>	<u> </u>
5. Survey Measuring Point Clearly Marked	<u>X</u>	<u> </u>	<u> </u>
6. Well Clearly Labeled	<u>X</u>	<u> </u>	<u> </u>
7. Well is Protected	<u>X</u>	<u> </u>	<u> </u>

Comments:

Inspector Signature

Date of Inspection 5/17/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-06I

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	<u> X </u>	<u> </u>	<u> </u>
Cracked	<u> </u>	<u> </u>	<u> </u>
Missing	<u> </u>	<u> </u>	<u> </u>
2. Ponding of Water Around Concrete Seal		<u> X </u>	
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	<u> X </u>	<u> </u>	<u> </u>
Standpipe - Intact	<u> </u>	<u> </u>	<u> </u>
Lock - Intact	<u> X </u>	<u> </u>	<u> </u>
4. Well Casing Alignment (Straight)	<u> X </u>	<u> </u>	<u> </u>
5. Survey Measuring Point Clearly Marked	<u> X </u>	<u> </u>	<u> </u>
6. Well Clearly Labeled	<u> X </u>	<u> </u>	<u> </u>
7. Well is Protected	<u> X </u>	<u> </u>	<u> </u>

Comments: _____

Inspector Signature _____

Date of Inspection 5/17/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-06D

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	<u> X </u>	<u> </u>	<u> </u>
Cracked	<u> </u>	<u> </u>	<u> </u>
Missing	<u> </u>	<u> </u>	<u> </u>
2. Ponding of Water Around Concrete Seal	<u> </u>	<u> X </u>	<u> </u>
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	<u> X </u>	<u> </u>	<u> </u>
Standpipe - Intact	<u> </u>	<u> </u>	<u> </u>
Lock - Intact	<u> X </u>	<u> </u>	<u> </u>
4. Well Casing Alignment (Straight)	<u> X </u>	<u> </u>	<u> </u>
5. Survey Measuring Point Clearly Marked	<u> X </u>	<u> </u>	<u> </u>
6. Well Clearly Labeled	<u> X </u>	<u> </u>	<u> </u>
7. Well is Protected	<u> X </u>	<u> </u>	<u> </u>

Comments: _____

Inspector Signature _____

Date of Inspection 5/17/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-07S

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	<u> X </u>	<u> </u>	<u> </u>
Cracked	<u> </u>	<u> </u>	<u> </u>
Missing	<u> </u>	<u> </u>	<u> </u>
2. Ponding of Water Around Concrete Seal	<u> X </u>	<u> </u>	<u> </u>
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	<u> X </u>	<u> </u>	<u> </u>
Standpipe - Intact	<u> </u>	<u> </u>	<u> </u>
Lock - Intact	<u> X </u>	<u> </u>	<u> </u>
4. Well Casing Alignment (Straight)	<u> X </u>	<u> </u>	<u> </u>
5. Survey Measuring Point Clearly Marked	<u> X </u>	<u> </u>	<u> </u>
6. Well Clearly Labeled	<u> X </u>	<u> </u>	<u> </u>
7. Well is Protected	<u> X </u>	<u> </u>	<u> </u>

Comments: _____

Inspector Signature _____

Date of Inspection 5/17/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-07I

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	<u> X </u>	<u> </u>	<u> </u>
Cracked	<u> </u>	<u> </u>	<u> </u>
Missing	<u> </u>	<u> </u>	<u> </u>
2. Ponding of Water Around Concrete Seal		<u> X </u>	
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	<u> X </u>	<u> </u>	<u> </u>
Standpipe - Intact	<u> </u>	<u> </u>	<u> </u>
Lock - Intact	<u> X </u>	<u> </u>	<u> </u>
4. Well Casing Alignment (Straight)	<u> X </u>	<u> </u>	<u> </u>
5. Survey Measuring Point Clearly Marked	<u> X </u>	<u> </u>	<u> </u>
6. Well Clearly Labeled	<u> X </u>	<u> </u>	<u> </u>
7. Well is Protected	<u> X </u>	<u> </u>	<u> </u>

Comments: _____

Inspector Signature _____

Date of Inspection 5/17/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-07D

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	<u> X </u>	<u> </u>	<u> </u>
Cracked	<u> </u>	<u> </u>	<u> </u>
Missing	<u> </u>	<u> </u>	<u> </u>
2. Ponding of Water Around Concrete Seal	<u> X </u>	<u> </u>	<u> </u>
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	<u> X </u>	<u> </u>	<u> </u>
Standpipe - Intact	<u> </u>	<u> </u>	<u> </u>
Lock - Intact	<u> X </u>	<u> </u>	<u> </u>
4. Well Casing Alignment (Straight)	<u> </u>	<u> X </u>	<u>Bent to southeast</u>
5. Survey Measuring Point Clearly Marked	<u> X </u>	<u> </u>	<u> </u>
6. Well Clearly Labeled	<u> X </u>	<u> </u>	<u> </u>
7. Well is Protected	<u> X </u>	<u> </u>	<u> </u>

Comments:

Inspector Signature _____

Date of Inspection 5/17/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-10S

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	<u> X </u>	<u> </u>	<u> </u>
Cracked	<u> </u>	<u> </u>	<u> </u>
Missing	<u> </u>	<u> </u>	<u> </u>
2. Ponding of Water Around Concrete Seal		<u> X </u>	
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	<u> X </u>	<u> </u>	<u> </u>
Standpipe - Intact	<u> </u>	<u> </u>	<u> </u>
Lock - Intact	<u> X </u>	<u> </u>	<u> </u>
4. Well Casing Alignment (Straight)	<u> X </u>	<u> </u>	
5. Survey Measuring Point Clearly Marked	<u> X </u>	<u> </u>	
6. Well Clearly Labeled	<u> X </u>	<u> </u>	
7. Well is Protected	<u> X </u>	<u> </u>	

Comments:

Inspector Signature

Date of Inspection 5/17/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-101

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	<u> X </u>	<u> </u>	<u> </u>
Cracked	<u> </u>	<u> </u>	<u> </u>
Missing	<u> </u>	<u> </u>	<u> </u>
2. Ponding of Water Around Concrete Seal		<u> X </u>	
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	<u> X </u>	<u> </u>	<u> </u>
Standpipe - Intact	<u> </u>	<u> </u>	<u> </u>
Lock - Intact	<u> X </u>	<u> </u>	<u> </u>
4. Well Casing Alignment (Straight)	<u> X </u>	<u> </u>	<u> </u>
5. Survey Measuring Point Clearly Marked	<u> X </u>	<u> </u>	<u> </u>
6. Well Clearly Labeled	<u> X </u>	<u> </u>	<u> </u>
7. Well is Protected	<u> X </u>	<u> </u>	<u> </u>

Comments:

Inspector Signature _____

Date of Inspection 5/17/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-10D

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	<u> X </u>	<u> </u>	<u> </u>
Cracked	<u> </u>	<u> </u>	<u> </u>
Missing	<u> </u>	<u> </u>	<u> </u>
2. Ponding of Water Around Concrete Seal		<u> X </u>	
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	<u> X </u>	<u> </u>	<u> </u>
Standpipe - Intact	<u> </u>	<u> </u>	<u> </u>
Lock - Intact	<u> X </u>	<u> </u>	<u> </u>
4. Well Casing Alignment (Straight)	<u> X </u>	<u> </u>	<u> </u>
5. Survey Measuring Point Clearly Marked	<u> X </u>	<u> </u>	<u> </u>
6. Well Clearly Labeled	<u> X </u>	<u> </u>	<u> </u>
7. Well is Protected	<u> X </u>	<u> </u>	<u> </u>

Comments:

Inspector Signature _____

Date of Inspection 5/17/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-11S

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	<u> X </u>	<u> </u>	<u> </u>
Cracked	<u> </u>	<u> </u>	<u> </u>
Missing	<u> </u>	<u> </u>	<u> </u>
2. Ponding of Water Around Concrete Seal	<u> </u>	<u> X </u>	<u> </u>
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	<u> X </u>	<u> </u>	<u>Original cover missing. Replaced with ¼" steel plate</u>
Standpipe - Intact	<u> </u>	<u> </u>	<u> </u>
Lock - Intact	<u> X </u>	<u> </u>	<u> </u>
4. Well Casing Alignment (Straight)	<u> X </u>	<u> </u>	<u> </u>
5. Survey Measuring Point Clearly Marked	<u> X </u>	<u> </u>	<u> </u>
6. Well Clearly Labeled	<u> X </u>	<u> </u>	<u>on cap</u>
7. Well is Protected	<u> X </u>	<u> </u>	<u> </u>

Comments:

Well is buried under mud and dirt. Replace flush mounted cover ..

Inspector Signature _____

Date of Inspection 02/24/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-111

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	<u> X </u>	<u> </u>	<u> </u>
Cracked	<u> </u>	<u> </u>	<u> </u>
Missing	<u> </u>	<u> </u>	<u> </u>
2. Ponding of Water Around Concrete Seal	<u> </u>	<u> X </u>	<u> </u>
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	<u> X </u>	<u> </u>	<u> </u>
Standpipe - Intact	<u> </u>	<u> </u>	<u> </u>
Lock - Intact	<u> X </u>	<u> </u>	<u> </u>
4. Well Casing Alignment (Straight)	<u> </u>	<u> X </u>	<u>Bent to southeast</u>
5. Survey Measuring Point Clearly Marked	<u> X </u>	<u> </u>	<u> </u>
6. Well Clearly Labeled	<u> X </u>	<u> </u>	<u>on cap</u>
7. Well is Protected	<u> X </u>	<u> </u>	<u> </u>

Comments:

Inspector Signature _____

Date of Inspection 5/17/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-11D

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	X		
Cracked			
Missing			
2. Ponding of Water Around Concrete Seal		X	
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	X		
Standpipe - Intact			
Lock - Intact	X		
4. Well Casing Alignment (Straight)	X		
5. Survey Measuring Point Clearly Marked	X		
6. Well Clearly Labeled	X		on cap
7. Well is Protected	X		

Comments:

Label well casing. Bolt holes on vault box stripped. Vault box filled with mud.

Recommend replacing concrete pad and vault box.

Inspector Signature _____

Date of Inspection 5/17/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-12S

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	<u> X </u>	<u> </u>	<u> </u>
Cracked	<u> </u>	<u> </u>	<u> </u>
Missing	<u> </u>	<u> </u>	<u> </u>
2. Ponding of Water Around Concrete Seal	<u> </u>	<u> X </u>	<u> </u>
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	<u> X </u>	<u> </u>	<u> </u>
Standpipe - Intact	<u> </u>	<u> </u>	<u> </u>
Lock - Intact	<u> X </u>	<u> </u>	<u> </u>
4. Well Casing Alignment (Straight)	<u> X </u>	<u> </u>	<u> </u>
5. Survey Measuring Point Clearly Marked	<u> X </u>	<u> </u>	<u> </u>
6. Well Clearly Labeled	<u> X </u>	<u> </u>	<u> on cap </u>
7. Well is Protected	<u> X </u>	<u> </u>	<u> </u>

Comments:

Inspector Signature _____

Date of Inspection 5/17/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-12I

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	<u>X</u>	<u> </u>	<u> </u>
Cracked	<u> </u>	<u> </u>	<u> </u>
Missing	<u> </u>	<u> </u>	<u> </u>
2. Ponding of Water Around Concrete Seal	<u>X</u>	<u> </u>	<u>water in vault box</u>
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	<u>X</u>	<u> </u>	<u> </u>
Standpipe - Intact	<u> </u>	<u> </u>	<u> </u>
Lock - Intact	<u>X</u>	<u> </u>	<u> </u>
4. Well Casing Alignment (Straight)	<u>X</u>	<u> </u>	<u> </u>
5. Survey Measuring Point Clearly Marked	<u>X</u>	<u> </u>	<u> </u>
6. Well Clearly Labeled	<u>X</u>	<u> </u>	<u>on cap</u>
7. Well is Protected	<u>X</u>	<u> </u>	<u> </u>

Comments:

Inspector Signature _____

Date of Inspection 5/17/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-12D

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	<u> X </u>	<u> </u>	<u> </u>
Cracked	<u> </u>	<u> </u>	<u> </u>
Missing	<u> </u>	<u> </u>	<u> </u>
2. Ponding of Water Around Concrete Seal	<u> </u>	<u> X </u>	<u> </u>
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	<u> X </u>	<u> </u>	<u> </u>
Standpipe - Intact	<u> </u>	<u> </u>	<u> </u>
Lock - Intact	<u> X </u>	<u> </u>	<u> </u>
4. Well Casing Alignment (Straight)	<u> X </u>	<u> </u>	<u> </u>
5. Survey Measuring Point Clearly Marked	<u> X </u>	<u> </u>	<u> </u>
6. Well Clearly Labeled	<u> X </u>	<u> </u>	<u> on cap </u>
7. Well is Protected	<u> X </u>	<u> </u>	<u> </u>

Comments:

Inspector Signature _____

Date of Inspection 5/17/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-13S

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	_____	_____	_____
Cracked	_____	_____	_____
Missing	<u> X </u>	_____	<u> Not visible </u>
2. Ponding of Water Around Concrete Seal	_____	<u> X </u>	_____
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	<u> X </u>	_____	_____
Standpipe - Intact	_____	_____	_____
Lock - Intact	<u> X </u>	_____	_____
4. Well Casing Alignment (Straight)	<u> X </u>	_____	_____
5. Survey Measuring Point Clearly Marked	<u> X </u>	_____	_____
6. Well Clearly Labeled	<u> X </u>	_____	<u> on cap </u>
7. Well is Protected	<u> X </u>	_____	_____

Comments:

 . Sand and topsoil dumped at end of roadway.

Inspector Signature _____

Date of Inspection 5/17/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-13I

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	_____	_____	_____
Cracked	_____	_____	_____
Missing	<u> X </u>	_____	<u> Not visible </u>
2. Ponding of Water Around Concrete Seal	_____	<u> X </u>	_____
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	<u> X </u>	_____	_____
Standpipe - Intact	_____	_____	_____
Lock - Intact	<u> X </u>	_____	_____
4. Well Casing Alignment (Straight)	<u> X </u>	_____	_____
5. Survey Measuring Point Clearly Marked	<u> X </u>	_____	_____
6. Well Clearly Labeled	<u> X </u>	_____	<u> on cap </u>
7. Well is Protected	<u> X </u>	_____	_____

Comments:

 . Sand and topsoil dumped at end of roadway.

Inspector Signature _____

Date of Inspection 5/17/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-13D

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	_____	_____	_____
Cracked	_____	_____	_____
Missing	<u> X </u>	_____	<u> Not visible </u>
2. Ponding of Water Around Concrete Seal	_____	<u> X </u>	_____
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	<u> X </u>	_____	_____
Standpipe - Intact	_____	_____	_____
Lock - Intact	<u> X </u>	_____	_____
4. Well Casing Alignment (Straight)	<u> X </u>	_____	_____
5. Survey Measuring Point Clearly Marked	<u> X </u>	_____	_____
6. Well Clearly Labeled	<u> X </u>	_____	<u> on cap </u>
7. Well is Protected	<u> X </u>	_____	_____

Comments:

 . Sand and topsoil dumped at end of roadway.

Inspector Signature _____

Date of Inspection 5/17/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-14S

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	_____	_____	_____
Cracked	_____	_____	_____
Missing	<u>X</u>	_____	<u>Not visible</u>
2. Ponding of Water Around Concrete Seal	_____	<u>X</u>	_____
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	<u>X</u>	_____	_____
Standpipe - Intact	_____	_____	_____
Lock - Intact	<u>X</u>	_____	_____
4. Well Casing Alignment (Straight)	<u>X</u>	_____	_____
5. Survey Measuring Point Clearly Marked	<u>X</u>	_____	_____
6. Well Clearly Labeled	<u>X</u>	_____	<u>on cap</u>
7. Well is Protected	<u>X</u>	_____	_____

Comments:

Inspector Signature _____

Date of Inspection 5/17/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-14I

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	_____	_____	_____
Cracked	<u> X </u>	_____	_____
Missing	_____	_____	_____
2. Ponding of Water Around Concrete Seal	_____	<u> X </u>	_____
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	<u> X </u>	_____	_____
Standpipe - Intact	_____	_____	_____
Lock - Intact	<u> X </u>	_____	_____
4. Well Casing Alignment (Straight)	<u> X </u>	_____	_____
5. Survey Measuring Point Clearly Marked	<u> X </u>	_____	_____
6. Well Clearly Labeled	_____	<u> X </u>	<u> On cap </u>
7. Well is Protected	<u> X </u>	_____	_____

Comments:

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Inspector Signature _____

Date of Inspection 5/17/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-14D

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	_____	_____	_____
Cracked	_____	_____	_____
Missing	<u> X </u>	_____	<u>Not visible</u>
2. Ponding of Water Around Concrete Seal	_____	<u> X </u>	_____
3. Protective Flush-Mounted Cover/Standpipe and Lock			
Flush-Mounted Cover - Intact	<u> X </u>	_____	_____
Standpipe - Intact	_____	_____	_____
Lock - Intact	<u> X </u>	_____	_____
4. Well Casing Alignment (Straight)	<u> X </u>	_____	_____
5. Survey Measuring Point Clearly Marked	<u> X </u>	_____	_____
6. Well Clearly Labeled	_____	<u> X </u>	<u>On cap</u>
7. Well is Protected	<u> X </u>	_____	_____

Comments:

Inspector Signature _____

Date of Inspection 5/17/06