



January 4, 2007

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 Fourth Quarter Sonia Road Post Closure Monitoring Report for 2006. Also included is the October and December 2006 Gas Migration Monitoring Reports and the Fourth 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

JAN - 8 2007



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

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



**POST CLOSURE
MONITORING AND MAINTENANCE REPORT**

DECEMBER 2006

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

TABLE OF CONTENTS

<u>Title</u>	<u>Page</u>
SITE INSPECTION CHECKLIST.....	1-14
GAS MIGRATION MONITORING.....	15-16
GROUNDWATER WELL CONDITION.....	16-

SITE INSPECTION CHECKLIST

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

VEGETATIVE COVER

DATE: 12/13/06

Quarterly Inspection Storm Inspection

INSPECTION BY: FAZIL RAHAMAN

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

PROBLEM CODE	
a	bare spots
b	dead areas
c	undesirable growth
d	unauthorized dumping
e	litter
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 entire site Vegetative Cover 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**

SOIL COVER

DATE: 12/13/06

Quarterly Inspection Storm Inspection

INSPECTION BY: EZIL RAHAMAN

GRID I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
			Y/N #	SEE PAGE 4 OF 14 ACCESS ROADS
			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	

PROBLEM CODE			
a	erosion damage	g	waste breakthrough
b	slope movement	h	leachate breakthrough
c	ponding (>10'x10')	i	exposed geosynthetics
d	holes	j	vandalism
e	cracking	k	vector infestation
f	rutting of soils	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 site Soil Cover is acceptable, check box and sign below.

Signature: _____

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

REVETMENT MATTING (RIP RAP)

DATE: 12/13/06

Quarterly Inspection Storm Inspection

INSPECTION BY: EAZIL RAHAMAN

GRID I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
Side Slopes				
			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	
Gabion Curb				
B.3	L	4	Y/N#	
			Y/N #	
			Y/N #	
			Y/N #	

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

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: _____

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

ACCESS ROADS

DATE: 12/13/06

Quarterly Inspection Storm Inspection

INSPECTION BY: FAZIL RAHAMAN

GRID I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
C5 (1)	A	4	Y/N #	
C5 (2)	G	—	Y/N #	BEING MONITORED FOR FUTURE MOVEMENT
D1	A	4	Y/N #	
D5	A	4	Y/N #	
E&F1	G, H, I & J	—	Y/N # 6	UNDER INV. RE: TO MEMORANDUM DATED NOV. 16, 2006
F5	G	—	Y/N #	BEING MONITORED FOR FUTURE MOVEMENT
H5	A	4	Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	

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

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

STORMWATER COLLECTION SYSTEM (1 of 4)

DATE: 12/13/06

Quarterly Inspection Storm Inspection

INSPECTION BY: FAZIL RAHMAN

GRID I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
Perimeter Swales				
B2	F	4	Y/N #	SHEET OF FLYWOOD & 4' PIECE OF H.D.P.E. PIPE
E5	B	---	Y/N # 1	BEING MONITORED
F1	F	4	Y/N #	REMOVE GEO GRID
G1	G	---	Y/N # 2	BEING MONITORED
Diverslon Swales				
			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	

PROBLEM CODE			
a	vandalism	g	erosion control fabric
b	slope movement	h	loss of topsoil
c	silt accumulation	i	exposed geosynthetics
d	ponded water	j	wash outs
e	vegetative cover	k	
f	debris / clogging	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 Diverslon Swales are acceptable, check box and sign below

Signature: _____

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

STORMWATER COLLECTION SYSTEM (2 of 4)

DATE: 12/13/06

Quarterly Inspection Storm Inspection

INSPECTION BY: FAZIL RAHAMAN

GRID I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
Inlet Structures				
			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	
Rip Rap Drainway				Culvert Outlets
			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	

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

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

STORMWATER COLLECTION SYSTEM (3 of 4)

DATE: 12/13/06

Quarterly Inspection Storm Inspection

INSPECTION BY: FAZIL RAHMAN

GRID I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
Energy Dissipators				
			Y/N #	
			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: 12/13/06

Quarterly Inspection Storm Inspection

INSPECTION BY: FAZIL RAHAMAN

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	g	erosion control fabric
b	slope movement	h	soil erosion around
c	silt accumulation	i	exposed geosynthetics
d	ponded water	j	damage / instability
e	vegetative cover	k	
f	debris / clogging	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: 12/13/06

Quarterly Inspection Storm Inspection

INSPECTION BY: FAZIL RAHAMAN

GRID I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
Recharge Basin No. 1				
			Y/N #	
			Y/N #	
			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: Fazil Rahman

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

MONITORING WELLS

DATE: 11/14/06

Quarterly Inspection Storm Inspection

INSPECTION BY: FAZIL RAHAMAN

ITEM I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
Landfill Gas Monitoring Wells				See well condition reports prepared by Town consultants.
GM 13	C	---	Y (N) #	UNDER INVESTIGATION, RE: TO MEMORANDUM DATED NOVEMBER 16, 2006.
---	---	---	Y IN #	
GM 14	C	---	Y (N) #	UNDER INVESTIGATION, RE: TO MEMORANDUM DATED NOVEMBER 16, 2006.
---	---	---	Y IN #	
Groundwater Monitoring Wells				See well condition reports prepared by Town consultants.
MW-11S	A&C	---	Y (N) #	UNDER INVESTIGATION, RE: TO MEMORANDUM DATED NOVEMBER 16, 2006.
---	---	---	Y IN #	
MW-11D	A&C	---	Y (N) #	UNDER INVESTIGATION, RE: TO MEMORANDUM DATED NOVEMBER 16, 2006.
---	---	---	Y IN #	

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: _____

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

LANDFILL GAS COLLECTION SYSTEM

DATE: 11/29/06

Quarterly Inspection Storm Inspection

INSPECTION BY: FAZIL RAHAMAN

ITEM I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
LFG Recovery Wells / Valve Vaults				
GV 1, 12, 13 & 14	—	—	Y (N) #	INSPECTED THIS QUARTER
			Y / N #	
			Y / N #	
			Y / N #	
LFG Collection Wells (GC1 - GC16)				
GC1 - GC8	—	—	Y (N) #	INSPECTED THIS QUARTER
GC3	N/A	4	Y (N) # 2	APPROX. TWELVE INCHES OF WATER IN ACCESS CHAMBER
GC6	D	—	Y (N) # 2	CASING PIPE OFF CENTER IN RELATION TO ACCESS HOLE, BEING MONITORED
	—	—	Y / N #	

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

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

LANDFILL GAS COMPOUND

DATE: 11/29/06

Quarterly Inspection Storm Inspection

INSPECTION BY: FAZIL RAHAMAN

ITEM I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
Blower Pad / Blower Nos. 104A and 104B				
104B	K	4	YIN # 2	OIL LEAKING FROM FRONT OF BLOWER,
---	---	---	YIN #	APPROX AFTER THIRTY MINUTES OF RUN TIME.
			YIN #	
Flare				
				SYSTEM USED FOR VENTING
			YIN #	
			YIN #	
Condensate Storage				
				Liquid Volume = <u>1.174</u> gallons Alarms: Y <input checked="" type="checkbox"/> N Test System: OK / Not Successful
			YIN #	STICK MEASURE EIGHTEEN INCHES (SYSTEM NOT TESTED)
			YIN #	

PROBLEM CODE			
a	odor	g	broken valve
b	damage	h	broken piping
c	vandalism	i	broken belts
d	mechanical noise	j	gauges
e	no vacuum	k	<u>OIL LEAK</u>
f	alarms	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: _____

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

SITE FACILITIES

DATE: 11/29/06

Quarterly Inspection Storm Inspection

INSPECTION BY: FAZIL RAHMAN

ITEM I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
Electrical Panels and Control Panels				Lights tested <input checked="" type="radio"/> N
BLOWER	G	4	Y <input checked="" type="radio"/> #	BLOWER 104A, & SUPPLEMENTAL FUEL INDICATORS
			Y/N #	
Gates / Locks / Signs				
			Y/N #	
Fencing (identify location by Grid I.D.)				
			Y/N #	
			Y/N #	
Site Trailer				
			Y/N #	

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

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

COMMENTS

DATE: 12/18/06

Quarterly Inspection Storm Inspection

INSPECTION BY: FARIZ RAHAMAN

ADDITIONAL COMMENTS AS REQUIRED

GC 9 - GC 16 WILL BE INSPECTED NEXT QUARTER.
GV 16, 17, & 18 WILL BE INSPECTED NEXT QUARTER
DIVERSION SWALE, GRID T.D. H3 VEGETATIVE COVER HAS RECOVERED (CORRECTIVE ACTION AS OF LAST REPORT).
NOTE: PHOTOS 1-14 ATTACHED (IDENTIFY BY NUMERICAL SEQUENCE, DATE, GRID/ITEM T.D. & PAGE #).

Site inspection has been completed, check box and sign below.



Signature: Fariz Rahman

①

PG. 4

NOV. 1. 06 - GRID T.D. - E&F 1



②

PG. 4

NOV. 1. 06 - GRID T.D. - E&F 1



③

PG. 4

NOV. 1, 06 - GRID T.D. - E&F1



④

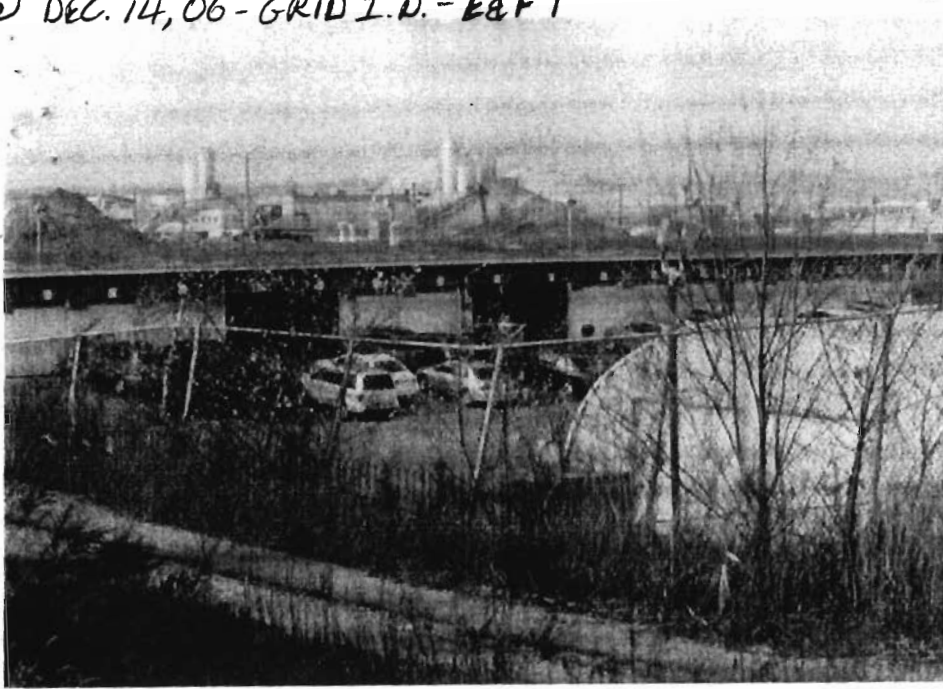
PG. 4

DEC. 14, 06 - GRID I.D. - E&F1



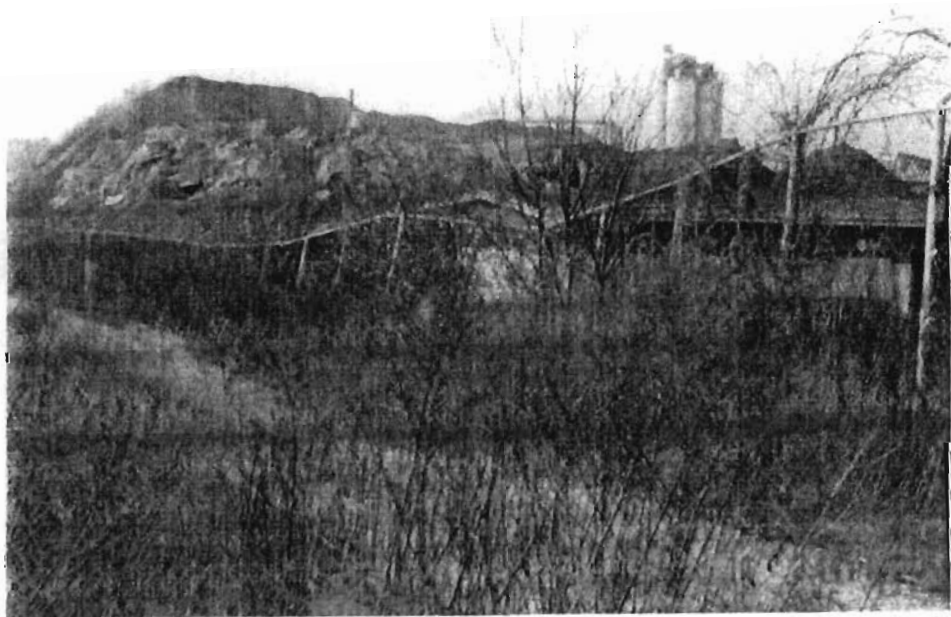
⑤ DEC. 14, 06 - GRID I.D. - E&F 1

PG. 4



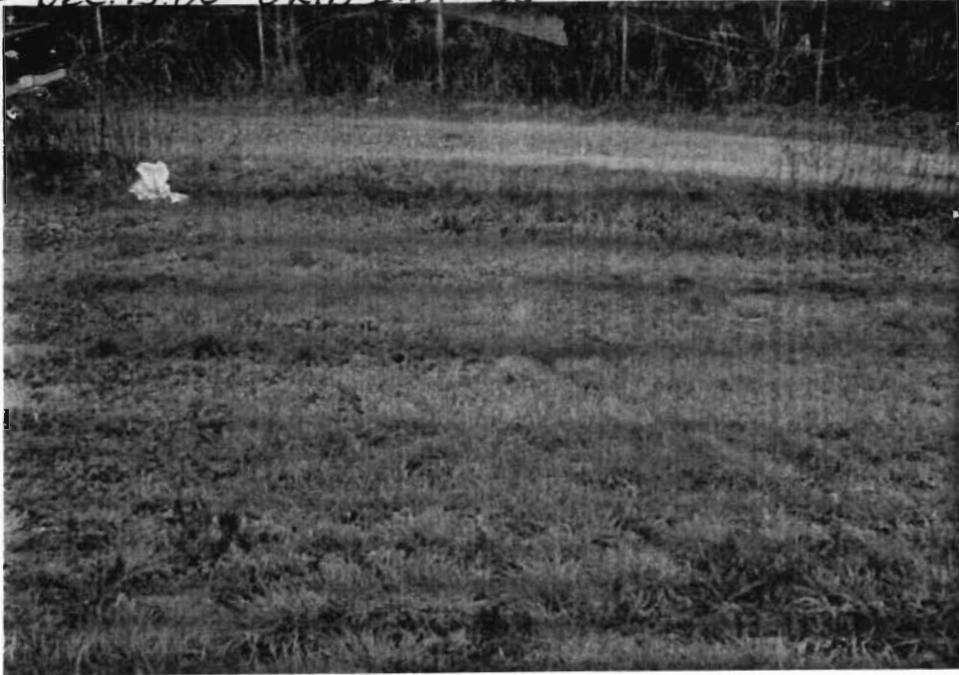
⑥ DEC. 14, 06 - GRID I.D. - E&F 1

PG. 4



⑦ DEC. 13.06 - GRID T.D. - E5

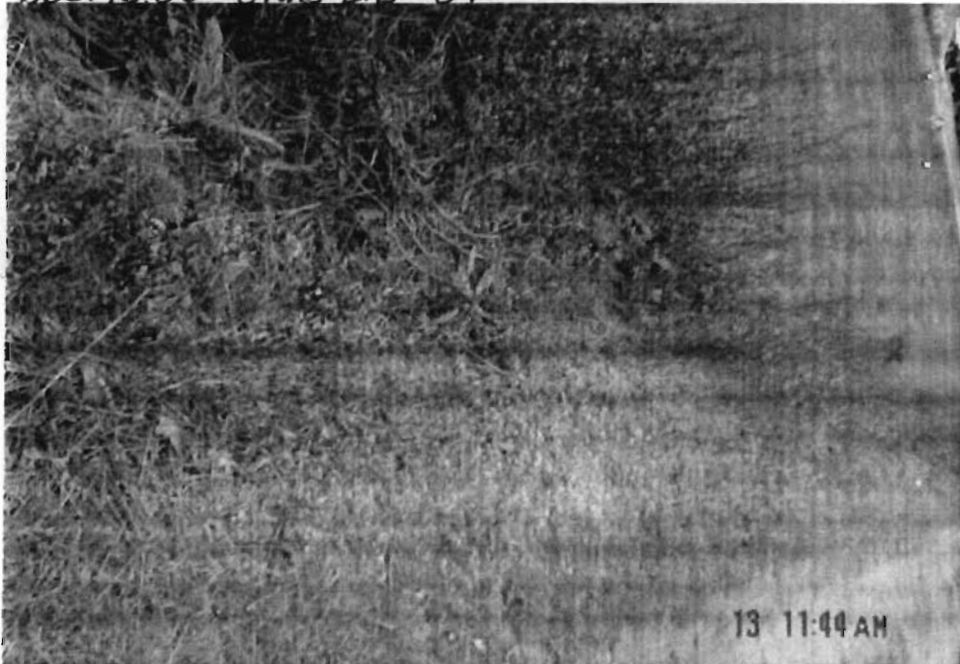
PG. 5



⑧

DEC. 13.06 - GRID T.D. - G1

PG. 5



⑨

DEC. 13 06 - GRID I.D. - G1

PG. 5



⑩

NOV. 29, 06 - ITEM I.D. - GC3

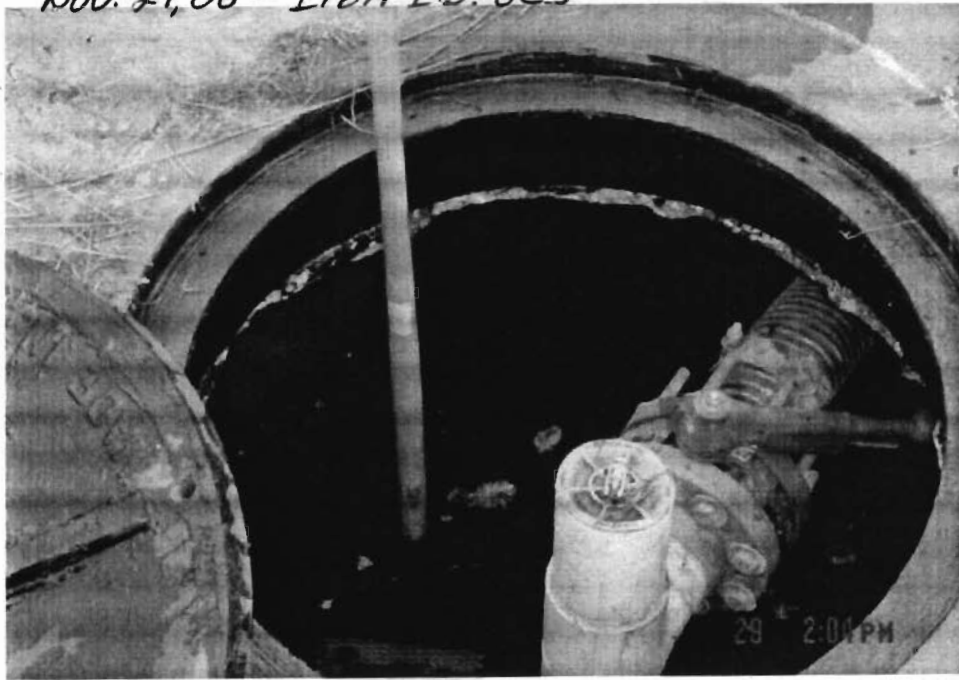
PG. 11



⑪

PG. 11

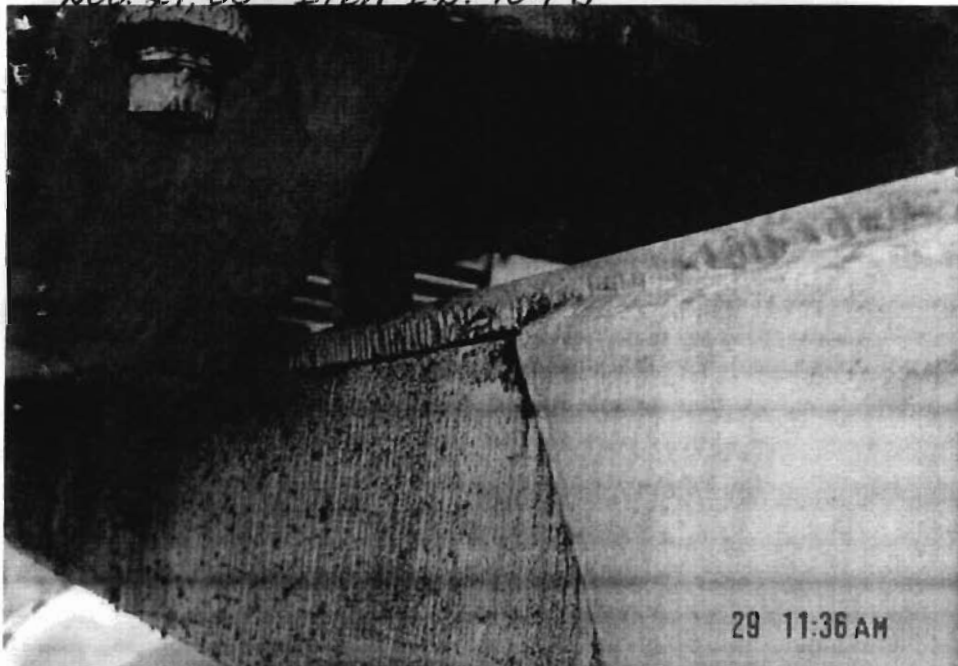
NOV. 29, 06 - ITEM I.D. - GC3



⑬

PG. 12

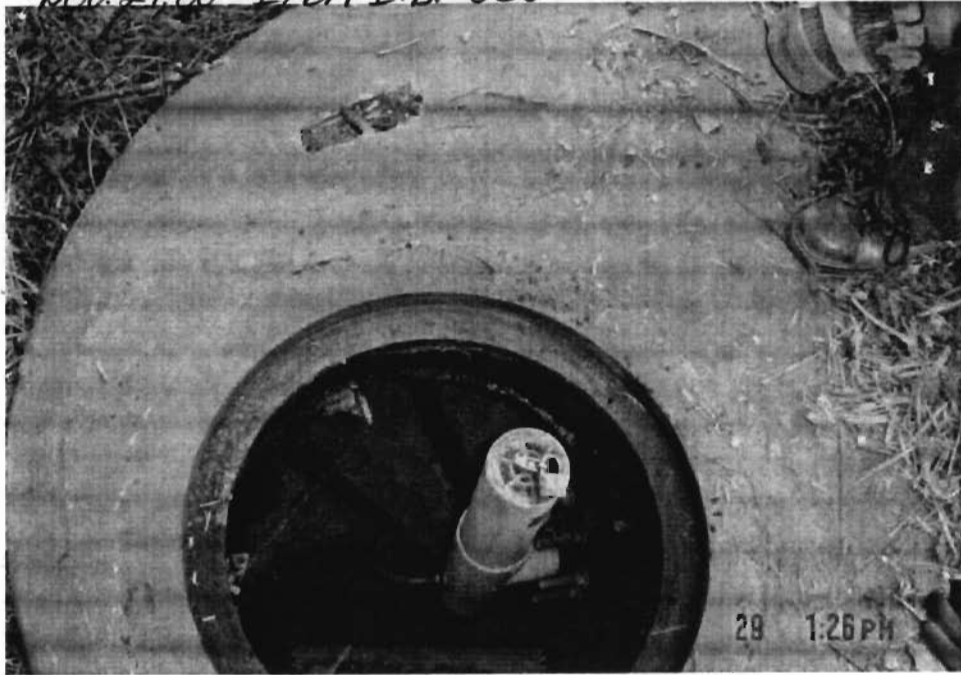
NOV. 29, 06 - ITEM I.D. - 104 B



②

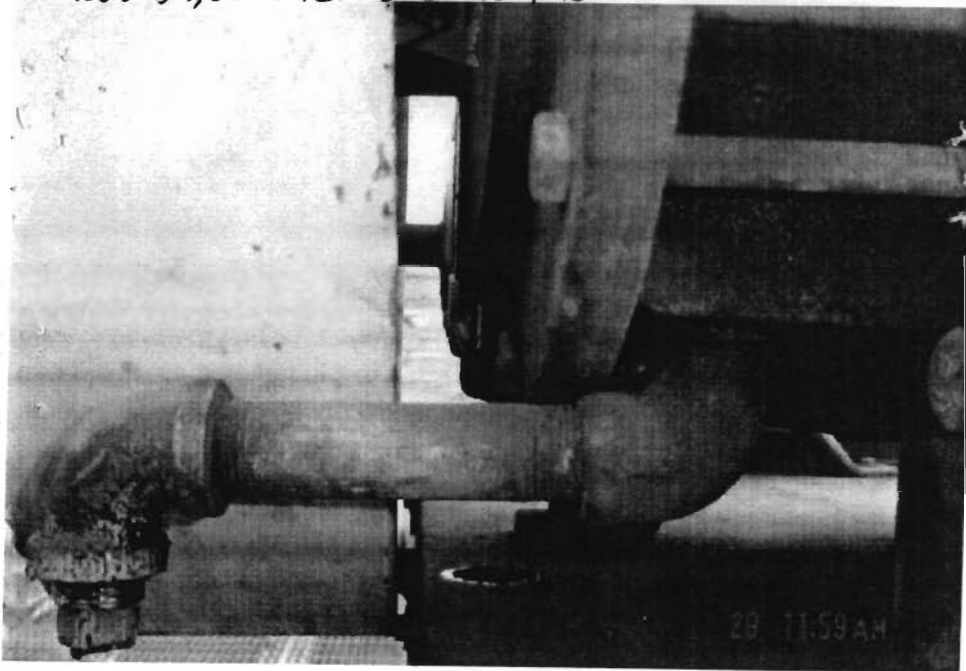
PG. 11

NOV. 29, 06 - ITEM I.D. - GC6



⑭ NOV. 29, 06 - ITEM I.D. - 104 B

PG. 12



Att: Faz

DECEMBER 21,2006

ATLANTIC CENTRAL STORAGE

DEALERSHIPS

UNITS

ATLANTIC KIA	40
ATLANTIC CADDY	131
ATLANTIC CHEVY	160
ATLANTIC NISSAN	346
ATLANTIC TOYOTA	119
ATLANTIC HONDA	219
LEXUS OF MASSAPEQUA	NOT INCLUDED
LEXUSOF R.V.C	NOT INCLUDED
MILLENNIUM HONDA	84
MILLENNIUM HYUNDAI	250
WESTBURY NISSAN	212
TOTAL	2617 UNITS IN STORAGE

GAS MIGRATION MONITORING

FPM group _____ Engineering and Environmental Science

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

October 12, 2006

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

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

Dear Mr. Sanchez:


On October 10, 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 November 3, 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 remain clear 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)

\\lfsclient\Islip RRA\Reports\Sonia-Itre\2006 letters\Oct 12.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	10/10/2006 10:45	0.0	0.0	20.1	30.4	-36.80
GM-01	OK	10/10/2006 10:48	0.0	0.9	18.9	30.4	0.00
GM-02	OK	10/10/2006 10:57	0.0	7.8	13.3	30.4	0.00
GM-03	OK	10/10/2006 11:03	0.0	0.0	19.5	30.4	0.00
GM-04	OK	10/10/2006 12:33	0.0	0.2	19.2	30.5	0.00
GM-05	OK	10/10/2006 11:22	0.0	0.8	17.8	30.3	-0.40
GM-06	OK	10/10/2006 11:27	0.0	0.3	19.1	30.3	-0.20
GM-07	OK	10/10/2006 11:30	0.0	0.4	19.0	30.3	-0.10
GM-08	OK	10/10/2006 11:33	0.0	1.0	18.3	30.3	-0.10
GM-09	OK	10/10/2006 11:37	0.0	1.0	18.2	30.3	-0.10
GM-10	OK	10/10/2006 11:42	0.0	0.0	19.6	30.3	0.00
GM-11	OK	10/10/2006 11:46	0.0	0.9	18.8	30.3	0.00
GM-12	OK	10/10/2006 11:52	0.0	0.0	19.6	30.3	0.00
GM-13	*	10/10/2006 11:58	0.0	0.8	18.5	30.3	0.00
GM-14	*	10/10/2006 12:03	0.0	1.1	18.0	30.3	0.10
GM-15	OK	10/10/2006 12:11	0.0	0.0	19.4	30.5	0.00
GM-16	OK	10/10/2006 12:16	0.0	0.6	18.7	30.5	-0.10
GM-17	OK	10/10/2006 12:20	0.0	0.3	19.2	30.5	0.00

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

Weather - Sunny, 70°F

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

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

FPM

FPM group _____ Engineering and Environmental Science

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

November 16, 2006

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

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

Dear Mr. Sanchez:

On November 6, 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 December 6, 2006. Thomas Dudo will be notified several days in advance of the sampling event.

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)

\\fpc\client\slip\RRAR\Reports\Sonia-lrs\2006\letters\Nov 16.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	11/6/2006 11:51	0.0	0.0	20.0	31.1	-41.50
GM-01	OK	11/6/2006 11:55	0.0	1.1	18.6	31.1	0.90
GM-02	OK	11/6/2006 12:01	0.0	4.8	13.9	31.1	0.00
GM-03	OK	11/6/2006 12:05	0.0	0.0	19.6	31.1	0.00
GM-04	OK	11/6/2006 13:13	0.0	0.0	19.6	31.0	0.00
GM-05	OK	11/6/2006 12:11	0.0	0.0	19.7	31.0	-0.40
GM-06	OK	11/6/2006 12:15	0.0	0.0	19.7	31.0	-0.20
GM-07	OK	11/6/2006 12:19	0.0	0.0	19.7	31.0	-0.20
GM-08	OK	11/6/2006 12:24	0.0	0.4	19.4	31.0	-0.10
GM-09	OK	11/6/2006 12:27	0.0	0.5	19.2	31.0	-0.10
GM-10	OK	11/6/2006 12:31	0.0	0.0	19.6	31.0	0.00
GM-11	OK	11/6/2006 12:36	0.0	0.5	19.1	31.0	0.00
GM-12	OK	11/6/2006 12:41	0.0	0.0	19.7	31.0	0.00
GM-13	*	11/6/2006 12:51	0.0	0.2	19.4	31.0	-0.10
GM-14	*	11/6/2006 12:56	0.0	0.4	19.2	31.0	0.00
GM-15	OK	11/6/2006 13:00	0.0	0.0	19.6	31.0	0.00
GM-16	OK	11/6/2006 13:03	0.0	0.4	19.4	31.0	-0.10
GM-17	OK	11/6/2006 13:07	0.0	0.1	19.5	31.0	0.00

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

Weather - Sunny, 60°F

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

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

FPM

FPM group _____ Engineering and Environmental Science

FPM Group, Ltd.
FPM Engineering Group, P.C.
formerly Fanning, Phillips and Molnar

CORPORATE HEADQUARTERS
808 Marconi Avenue
Ronkonkoma, NY 11779
631/737-6200
Fax 631/737-2410

December 21, 2006

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

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

Dear Mr. Sanchez:

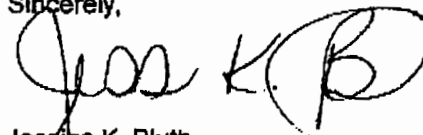
On December 12, 2006, FPM Group (FPM) performed landfill gas monitoring at the above-referenced site. Monitoring was performed with a Landtec GA-90 Gas Analyzer, model GA1/1.

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 January 5, 2007. Thomas Dudo will be notified several days in advance of the sampling event.

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)

S:\Islip RRA\Reports\Sonia-Itslip2006 (Itslip)\Dec 21.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	12/12/2006 11:42	0.0	0.0	19.8	31.2	-42.20
GM-01	OK	12/12/2006 11:44	0.0	0.7	18.3	31.2	-0.40
GM-02	OK	12/12/2006 11:55	0.0	3.9	13.7	31.2	0.00
GM-03	OK	12/12/2006 12:02	0.0	0.0	19.7	31.2	0.00
GM-04	OK	12/12/2006 13:23	0.0	0.0	19.8	31.2	0.00
GM-05	OK	12/12/2006 12:11	0.0	0.1	19.4	31.2	-0.40
GM-06	OK	12/12/2006 12:16	0.0	0.1	19.5	31.2	-0.20
GM-07	OK	12/12/2006 12:22	0.0	0.1	19.5	31.2	-0.20
GM-08	OK	12/12/2006 12:27	0.0	0.3	19.4	31.2	-0.10
GM-09	OK	12/12/2006 12:32	0.0	0.8	18.9	31.2	-0.10
GM-10	OK	12/12/2006 12:37	0.0	0.0	19.7	31.2	0.00
GM-11	OK	12/12/2006 12:42	0.0	1.0	18.6	31.2	0.00
GM-12	OK	12/12/2006 12:48	0.0	0.0	19.8	31.2	0.00
GM-13	*	12/12/2006 12:54	0.0	0.4	19.2	31.2	0.00
GM-14	*	12/12/2006 12:59	0.0	0.5	19.2	31.2	0.00
GM-15	OK	12/12/2006 13:05	0.0	0.0	19.8	31.2	0.00
GM-16	OK	12/12/2006 13:09	0.0	0.4	19.5	31.2	-0.10
GM-17	OK	12/12/2006 13:13	0.0	0.2	19.6	31.2	-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

Weather - Overcast, 48°F

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

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

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

December 15, 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. Mirando, P.E.
Vice President

Garrett M. Bymes, 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. Veith, P.E.
Vice President

Senior Associates

Thomas P. Fox, P.G.

Robert L. Haynie, P.E.

William D. Merklin, 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

Ellen R. DeOrsay

Stefanos J. Eapen, R.A.

Joseph A. Fioraliso, P.E.

Christopher W. Francis

Michael R. Hofgren

Sean Pepling, P.G.

Edward J. Reilly

Daniel Shabat, 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. 2023-18B

Dear Mr. DiMaria:

This letter provides the fourth 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/CM/kap
Enclosure
cc: F. Ribaldo (IRRA)
♦2023\KPW06LTR-11

Table 1
SONIA ROAD LANDFILL
POST CLOSURE GROUNDWATER MONITORING PROGRAM
SUMMARY OF MONITORING WELL STATUS AND DEFICIENCIES
4TH 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-1S	Yes			No	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	PVC riser hitting manhole casing. Well casing needs to be raised.
MW-2D	Yes			No	Yes	Yes	Straight	Yes	Yes	Yes	
MW-3S			Not visible	No	Yes	Yes	Straight	Yes	Yes	Yes	
MW-3I			Not visible	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	

Table 1 (continued)

**SONIA ROAD LANDFILL
POST CLOSURE GROUNDWATER MONITORING PROGRAM
SUMMARY OF MONITORING WELL STATUS AND DEFICIENCIES
4TH 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-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	
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			Yes	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	Raise concrete surface pad.
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	No action required
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-01S

	<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 *Chris Muri*

Date of Inspection 11/28/06

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 *Chris M...*

Date of Inspection 11/28/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-01D

	<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 *Chris M...*

Date of Inspection 11/28/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-02I

	<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:

Well cover not fitting properly, outer casing needs to be raised.

Inspector Signature

Chris M...

Date of Inspection

 11/28/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-02D

	<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 Chris Mami

Date of Inspection 11/28/06

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 Chris Muri

Date of Inspection 11/28/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-03I

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1. Surface Concrete Seal			
Intact	_____	_____	_____
Cracked	_____	_____	_____
Missing	<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 *Chris M...*

Date of Inspection 11/28/06

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> </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 *Chris Miller*

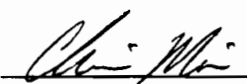
Date of Inspection 11/28/06

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> </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 11/28/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-04I

	<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 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 *Chris Miller*

Date of Inspection 11/28/06

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> </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 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 *Ch. Mi*

Date of Inspection 11/28/06

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> </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> </u>	<u> X </u>	<u> On cap </u>
7. Well is Protected	<u> X </u>	<u> </u>	<u> </u>

Comments:

Inspector Signature *Chris Miller*

Date of Inspection 11/28/06

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 *Chris Miller*

Date of Inspection 11/28/06

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> </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 *Chris Miller*

Date of Inspection 11/28/06

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> </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 *Chris Miller*

Date of Inspection 11/28/06

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> </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 *Chris M...*

Date of Inspection 11/28/06

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 *Cher-Mi*

Date of Inspection 11/28/06

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> </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 *Chi Mi*

Date of Inspection 11/28/06

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 *Ch. Mi*

Date of Inspection 11/28/06

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> </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 *Chris Miller*

Date of Inspection 11/28/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-10I

	<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 *Chris Min*

Date of Inspection 11/28/06

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 *Ch. Min*

Date of Inspection 11/28/06

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 1/4" 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

Cheri M...

Date of Inspection

11/28/06

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 *Chris Miller*

Date of Inspection 11/28/06

MONITORING WELL INSPECTION CHECKLIST

Well No. MW-11D

	<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:

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

 Recommend replacing concrete pad and vault box.

Inspector Signature

 Chi-Min

Date of Inspection

 11/28/06

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> 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> on cap </u>
7. Well is Protected	<u> X </u>	<u> </u>	<u> </u>

Comments:

Inspector Signature *Chris M...*

Date of Inspection 11/28/06

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 *Chris Mini*

Date of Inspection 11/28/06

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> 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 *Chris Muir*

Date of Inspection 11/28/06

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. Well cover not fitting properly, outer well casing needs to be raised.

Inspector Signature *Chai Min*

Date of Inspection 11/28/06

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

 Chris Miller

Date of Inspection

 11/28/06

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

 Chris M...

Date of Inspection

 11/28/06

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 *Chris M...*

Date of Inspection 11/28/06

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:

...

Inspector Signature *Chris M...*

Date of Inspection 11/28/06

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 *Chris Miller*

Date of Inspection 11/28/06