



NYSDEC DIVISION OF MATERIALS MANAGEMENT
6 NYCRR Part 360 Series
**SOLID WASTE MANAGEMENT FACILITY INSPECTION REPORT
CONTINUATION SHEET**

| | | | | |
|----------------|--|-------------|-------|-------|
| FACILITY NAME: | | ACTIVITY #: | DATE: | TIME: |
| SHEET OF | CONTINUATION SHEET <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

OTHER (e.g., diagrams; pictures; comments; additional operating, variance or consent order conditions that can be observed or measured)

Inspector's Signature

Date