KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF WASTE MANAGEMENT

Active and Closed Permitted Landfill Groundwater Monitoring and Inspection Report

Inspector_____ **Date**_____ **Time** _____

Facility Information

Permit #_____ **Facility Name** _____**Active**___**Closed** ___**CCR**___

District _____ **County** _____ **City** _____

Contact Name_____ **Phone Number** _____

Groundwater monitoring system

Are there wells onsite?	☐ **YES**	☐ **NO**
Issues with well pads?	☐ **YES**	☐ **NO**
Are wells adequately protected? (e.g. protective posts/bollards)	☐ **YES**	☐ **NO**
Are wells locked?	☐ **YES**	☐ **NO**
Is the protective casing in good condition?	☐ **YES**	☐ **NO**
Well reference mark/identification?	☐ **YES**	☐ **NO**

Please list detailed information below of any issues encountered with respect to the groundwater monitoring network. Please note well name (or general location if name is unknown) and the general condition of the well; no well pads, cracked/broken/damaged well pads, trees directly next to well, damaged casings or lids, empty space under the well pad or in the ground around the well casing.

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Cap Condition

Was the cap recently mowed or hayed?	☐ **YES**	☐ **NO**
Problems preventing cap from being mowed or hayed?	☐ **YES**	☐ **NO**
Are there any trees or noxious weeds?	☐ **YES**	☐ **NO**
Ponded water or evidence of past ponded water?	☐ **YES**	☐ **NO**
Large animal burrows?	☐ **YES**	☐ **NO**
Exposed waste material?	☐ **YES**	☐ **NO**
Erosion of the Cap?	☐ **YES**	☐ **NO**
Did you walk across the cap for the inspection?	☐ **YES**	☐**NO**
Was the facility contact present during inspection?	☐ **YES**	☐ **NO**

Sketch

Please draw a rough sketch of the cap indicating the location of any area/s of concern.

Any comments or general questions: