LICENSED SOIL TREATMENT FACILITY ANNUAL REPORT FORM

Facility Name: ___________________________ License No.: __________

I. FACILITY OPERATION

1. Is prior approval to accept each waste load being obtained from the Department’s Solid Waste Program?
   □ YES □ NO

2. What is the total acreage under treatment? _____________________________

3. How many treatment cells are in use? _____________________________

4. What is the date and volume of waste that was last accepted?

   Date: ___________ Volume: ___________

II. GROUNDWATER MONITORING

5. Are you required to perform groundwater monitoring? □ YES □ NO

6. Please list each well by ID# and/or name and results of measurements/analyses:

<table>
<thead>
<tr>
<th>Well ID/name</th>
<th>Well ID/name</th>
<th>Well ID/name</th>
</tr>
</thead>
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**Static water level:** unless otherwise approved, measured 3 times/yr (April, July, October)

date: ___________ ft. ___________ ft. ___________ ft.
date: ___________ ft. ___________ ft. ___________ ft.
date: ___________ ft. ___________ ft. ___________ ft.

**Groundwater Analytical Results:** (required 2 to 4 times per year)
date: ________________________________

   TPH: ________________________________
date: ________________________________

   BTEX: ________________________________
date: ________________________________

   other (specify): ________________________________

(Note: If you have not submitted these results to the Department, attach them to this report.)
III. TREATMENT ZONE SEASONAL SAMPLING

7. Dates of seasonal sampling: *(3 times per year)*  
   April ________________________________  
   July ________________________________  
   Oct. ________________________________

8. Total number of samples collected and analyzed:  
   April ________________________________  
   July ________________________________  
   Oct. ________________________________

(Note: If you have not submitted these results to the Department, attach them to this report.)

IV. MAINTENANCE

9. Were landfarm maintenance samples collected and analyzed?  
   □ YES  □ NO  
   If so, dates of analysis:  
   Nutrients: __________  
   Moisture: __________  
   pH: __________  

(Note: If you have not submitted these results to the Department, attach them to this report.)

V. AIR QUALITY

10. Has the landfarm exceeded 25 tons/year of VOC’s?  
    □ YES  □ NO

VI. BELOW TREATMENT ZONE SAMPLING (BTZ)

11. Date BTZ sampled Oct. ________________________________

12. Number of BTZ samples collected and analyzed: ________________________________

13. Is there evidence that leaching has occurred by changes in the BTZ baseline character?  
    □ YES  □ NO

14. Was the Solid Waste Section notified in writing of the change?  
    □ YES  □ NO  
    If so, date notification provided: ________________________________

(Note: If you have not submitted these results to the Department, attach them to this report.)
VII. RECORDKEEPING

15. Are records being maintained which include all of the following: □ YES □ NO
   a. ID/Tracking code
   b. Source
   c. Volume
   d. Contaminant
   e. Initial concentration
   f. Treatment cell location
   g. Application date
   h. Treatment schedule and method
   i. Sample dates
   j. Analyses performed
   k. Analytical results
   l. Final placement, if removed

The annual report is due by April 1st of each year.

VIII. CERTIFICATION

(An authorized representative of the solid waste system must sign and date the certification)

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Authorized signature: ________________________________

Print name here: ________________________________

Title: ________________________________ Date: ________________________________