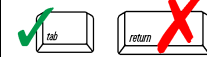




Massachusetts Department of Environmental Protection Bureau of Waste Prevention / Solid Waste Management

Third-Party Inspection Report – 310 CMR 19.018(8)
Operation & Maintenance

Important: When completing this form on a computer, use only the Tab key to move your cursor – not the Return key.



Instructions

Use this form to record and report the results of a Third-Party Operation and Maintenance Inspection conducted pursuant to 310 CMR 19.018. Be sure to obtain the most recent version of this form. All applicable sections of the submitted form must be completed to be accepted by MassDEP.

Pursuant to 310 CMR 19.018(8)(a), the third-party inspector and facility owner/operator must sign this Third-Party Inspection Report form and submit the completed report to the appropriate MassDEP regional office and one copy of each completed report to the board of health of the municipality in which the facility is located.

In the event that this inspection report contains a recommendation for corrective action(s), the owner/operator shall also submit the information required by 310 CMR 19.018(8)(c)2.

Forms and instructions are available online:

<http://www.mass.gov/eea/agencies/massdep/recycle/approvals/solid-waste-applications-and-forms.html#8>

Note: This form does not identify all of the requirements applicable to each solid waste management facility; other requirements and/or policies may apply to the operation, maintenance and monitoring for each facility.

MassDEP Use Only
Rec'd Date:
FMF #:
RO #:
Reviewer:
Comments:

I. Facility Information

Facility Type (check one):

- Transfer Station/Handling Facility
 C&D Waste Processor or C&D Waste Transfer Station
 Municipal Waste Combustor
 Active Landfill
 Closed Landfill
 Other: _____
 Specify

Facility:

Facility Name _____
 City/Town _____ State MA ZIP Code _____
 Telephone Number _____ Regulated Object Account Number _____ FMF Number _____

Operator:

Operator Name (Doing Business As/Company Name) _____
 Telephone Number _____ Email Address _____
 Mailing Address _____
 City/Town _____ State _____ ZIP Code _____

Permittee:

Permittee Name (Entity Identified on Facility Permit) _____
 Mailing Address _____
 City/Town _____ State _____ ZIP Code _____

Responsible Official for the Facility:

Responsible Official Name (Individual) _____ Responsible Official Email Address _____
 Responsible Official Company Name _____ Responsible Official Telephone Number _____



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II. Third-Party Inspector

Third-Party Inspector Name	Company Name	
MassDEP Third-Party Inspector Identification Number	MassDEP Third-Party Inspector Expiration Date (MM/DD/YYYY)	
Telephone Number	Email Address	
Mailing Address		
City/Town	State	ZIP Code

Construction and Demolition Waste (C&D Waste) Processing Facility or C&D Waste Transfer Station Only:

Identify the qualified individual that conducted the observation of incoming waste loads and collection of samples of suspect asbestos-containing materials during the inspection [pursuant to 310 CMR 19.018(6)(f)]. If the entire inspection was conducted by the third-party inspector listed above, then check the box and enter only the Asbestos Inspector Certification Number.

<input type="checkbox"/> Same as above. Provide Asbestos Certification Number ►	MA Dept. of Labor Standards Asbestos Inspector Certification Number	
Asbestos Inspector Name	Company Name	
Telephone Number	Email Address	
Mailing Address		
City/Town	State	ZIP Code

III. Inspection Details

A. FREQUENCY

Indicate the scheduled inspection frequency for this facility as required by 310 CMR 19.018(6)(b), or a more frequent schedule set forth in the Facility Permit/Other Approval:

<input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Biennial <input type="checkbox"/> Other (include permit/approval type and date of issuance):
--

B. DATE, TIME & PERSONNEL

Inspection Date (MM/DD/YYYY):
Inspection Start Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Facility Representatives in Attendance During Inspection:

C. CONDITIONS

Air Temperature: <i>Approximately</i> <i>degrees F.</i>	Wind Direction (direction from which the wind is blowing):									
Weather: <input type="checkbox"/> Clear <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Dry <input type="checkbox"/> Rain <input type="checkbox"/> Snow	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;"><input type="checkbox"/> NW</td> <td style="padding: 5px;"><input type="checkbox"/> N</td> <td style="padding: 5px;"><input type="checkbox"/> NE</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> W</td> <td style="padding: 5px; background-color: #cccccc;">Wind</td> <td style="padding: 5px;"><input type="checkbox"/> E</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SW</td> <td style="padding: 5px;"><input type="checkbox"/> S</td> <td style="padding: 5px;"><input type="checkbox"/> SE</td> </tr> </table>	<input type="checkbox"/> NW	<input type="checkbox"/> N	<input type="checkbox"/> NE	<input type="checkbox"/> W	Wind	<input type="checkbox"/> E	<input type="checkbox"/> SW	<input type="checkbox"/> S	<input type="checkbox"/> SE
<input type="checkbox"/> NW	<input type="checkbox"/> N	<input type="checkbox"/> NE								
<input type="checkbox"/> W	Wind	<input type="checkbox"/> E								
<input type="checkbox"/> SW	<input type="checkbox"/> S	<input type="checkbox"/> SE								
Wind Speed: <input type="checkbox"/> Calm <input type="checkbox"/> Breeze <input type="checkbox"/> Moderate <input type="checkbox"/> Strong										



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IV. Pre-Inspection Preparation

A. FACILITY-SPECIFIC O&M REQUIREMENTS

During each third-party inspection, the third-party inspector shall examine and evaluate the facility's solid waste activities, equipment, operations, practices, procedures, and records relevant to the type of third-party inspection being conducted in order to determine the facility's compliance with all applicable requirements as set forth in 310 CMR 19.018(6)(a)1.

Therefore, pursuant to 310 CMR 19.018(6)(a)1, prior to conducting a third-party facility operation and maintenance inspection, the third-party inspector shall, without limitation, complete all of the following:

- Review and become familiar with the regulations set forth at 310 CMR 19.000 – *Massachusetts Solid Waste Regulations*.
- Identify, review and become familiar with all solid waste permits, plans, approvals, and orders (or other enforcement documents issued to the facility by the Department), and the solid waste requirements applicable to the operation and maintenance of the facility.

Relevant requirements may include, without limitation, specific practices and procedures for the operation, maintenance and monitoring of the facility, waste acceptance/storage limits, and other requirements related to the facility's solid waste activities. Without limitation, these facility-specific requirements may be contained in the Facility Permit, Authorization to Construct, Authorization to Operate, Operation and Maintenance Plan, Closure/Post-Closure Plans and Approvals, Facility Modification Approvals, Beneficial Use Determinations, Administrative Consent Orders, and other determinations, authorizations or enforcement actions issued by the Department.

I, <enter name of the registered third-party inspector completing this report>, have identified, reviewed and understand all of the aforementioned requirements that are applicable to this facility and the following are my observations and recommendations related to the facility-specific requirements. ▶ _____
Inspector Initials

B. SOLID WASTE PERMITS, PLANS, APPROVALS & ORDERS

List all relevant solid waste permits, plans, approvals, orders or other enforcement actions issued to the facility by the Department that contain specific practices, procedures and other requirements still in effect for the operation, maintenance and monitoring or closure/post-closure of the facility. Where applicable, provide the plan or issue date for each item. For enforcement actions, include the document number, effective date, and status of implementation by the facility.

Discussion:



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V. Performance Standards

Examine and evaluate the facility's solid waste activities, equipment, operations, practices, procedures and records relevant to the type of solid waste facility.

Using the tables below, identify all areas evaluated by the inspector during the inspection by checking the box in the first column. Describe all deviations noted during the inspection in the third column. Provide recommendations for corrective action to return to compliance with the applicable performance standard in the fourth column.

Facility Type	Performance Standards
Transfer Station/Handling Facility (Including C&D Facility)	Complete Section A. If C&D Handling/ Processing Facility, then also complete Section B.
Municipal Waste Combustor	Complete Section A.
Active Landfill	Complete Sections C. and F. If active ash landfill, then also complete Section D.
Closed Landfill	Complete Sections E. and F.

A. TRANSFER STATION, HANDLING FACILITY, OR MUNICIPAL WASTE COMBUSTOR (INCLUDING C&D FACILITY)

Evaluated	Performance Standard	Deviation(s)	Comments/Observations and Recommended Corrective Action(s)
<input type="checkbox"/>	19.205(1) Storm Water Controls.		
<input type="checkbox"/>	19.205(2) Equipment.		
<input type="checkbox"/>	19.205(3) Weighing Facilities.		
<input type="checkbox"/>	19.207(1) General.	Discuss in Section VI.	Discuss in Section VI.
<input type="checkbox"/>	19.207(2) Supervision of Operation.		
<input type="checkbox"/>	19.207(3) Access to Facilities.		
<input type="checkbox"/>	19.207(4) Security.		
<input type="checkbox"/>	19.207(5) Posting of Handling Facility.		
<input type="checkbox"/>	19.207(6) Unloading of Refuse.		
<input type="checkbox"/>	19.207(7) Special Wastes.		
<input type="checkbox"/>	19.207(8) Banned/Restricted Wastes.		
<input type="checkbox"/>	19.207(9) Hazardous Waste.		
<input type="checkbox"/>	19.207(10) Household Hazardous Waste and Waste Oil Collections.		
<input type="checkbox"/>	19.207(11) Bulky Waste.		
<input type="checkbox"/>	19.207(12) Liquid Wastes.		



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Evaluated	Performance Standard	Deviation(s)	Comments/Observations and Recommended Corrective Action(s)
<input type="checkbox"/>	19.207(13) Bird Hazards.		
<input type="checkbox"/>	19.207(14) Dust Control.		
<input type="checkbox"/>	19.207(15) Vector Control.		
<input type="checkbox"/>	19.207(16) Control of Wind-blown Litter.		
<input type="checkbox"/>	19.207(17) Staffing.		
<input type="checkbox"/>	19.207(18) Employee Facilities.		
<input type="checkbox"/>	19.207(19) Accident Prevention/Safety.		
<input type="checkbox"/>	19.207(20) Fire Protection.		
<input type="checkbox"/>	19.207(21) Recycling Operations.		
<input type="checkbox"/>	19.207(22) Records for Operational and Plan Execution.		
<input type="checkbox"/>	19.207(23) Screening and/or Fencing.		
<input type="checkbox"/>	19.207(24) Open Burning.		
<input type="checkbox"/>	19.207(25) Inspections.		
<input type="checkbox"/>	19.207(26) End-of-Life Mercury-added Products.		

B. CONSTRUCTION AND DEMOLITION (C&D) WASTE PROCESSING FACILITY OR C&D WASTE TRANSFER STATION

Evaluated	Performance Standard	Deviation(s)	Comments/Observations and Recommended Corrective Action(s)
<input type="checkbox"/>	19.206(1) Enclosed Operations.		
<input type="checkbox"/>	19.206(2) Storage.		
<input type="checkbox"/>	19.206(3) Contact Water.		
<input type="checkbox"/>	Suspect Asbestos-Containing Material (ACM) Inspection and Management Protocol.		
<input type="checkbox"/>	Sample collection of suspect ACM from incoming loads.	Discuss sample results: ▶ <input type="checkbox"/> Attach analytical reports.	



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C. ACTIVE LANDFILL

Evaluated	Performance Standard	Deviation(s)	Comments/Observations and Recommended Corrective Action(s)
<input type="checkbox"/>	19.130(1) General.	Discuss in Section VI.	Discuss in Section VI.
<input type="checkbox"/>	19.130(2) Operator Supervision.		
<input type="checkbox"/>	19.130(3) Special Wastes.		
<input type="checkbox"/>	19.130(4) Banned/Restricted Wastes.		
<input type="checkbox"/>	19.130(5) Hazardous Waste.		
<input type="checkbox"/>	19.130(6) Bulky Wastes.		
<input type="checkbox"/>	19.130(7) Liquid Wastes.		
<input type="checkbox"/>	19.130(8) Solid Waste Handling.		
<input type="checkbox"/>	19.130(9) Bird Hazards.		
<input type="checkbox"/>	19.130(10) Equipment and Shelter.		
<input type="checkbox"/>	19.130(11) Staffing.		
<input type="checkbox"/>	19.130(12) Employee Facilities.		
<input type="checkbox"/>	19.130(13) Accident Prevention/Safety.		
<input type="checkbox"/>	19.130(14) Spreading and Compacting of Solid Waste.		
<input type="checkbox"/>	19.130(15) Cover Material.		
<input type="checkbox"/>	19.130(16) Vector, Dust and Odor Control.		
<input type="checkbox"/>	19.130(17) Litter Control.		
<input type="checkbox"/>	19.130(18) Top Slope and Side Slopes.		
<input type="checkbox"/>	19.130(19) Storm Water Drainage.		
<input type="checkbox"/>	19.130(20) Erosion Control.		
<input type="checkbox"/>	19.130(21) Boundary/Elevation Markers.		
<input type="checkbox"/>	19.130(22) Access Roads.		
<input type="checkbox"/>	19.130(23) Security.		
<input type="checkbox"/>	19.130(24) Posting of the Landfill.		



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Evaluated	Performance Standard	Deviation(s)	Comments/Observations and Recommended Corrective Action(s)
<input type="checkbox"/>	19.130(25) Open Burning.		
<input type="checkbox"/>	19.130(26) Fire Protection and Control.		
<input type="checkbox"/>	19.130(27) Convenience and Recycling Drop-off Areas at Landfills.		
<input type="checkbox"/>	19.130(28) Waste Oil Collections at Landfills.		
<input type="checkbox"/>	19.130(29) Household Hazardous Waste Collections at Landfills.		
<input type="checkbox"/>	19.130(30) Leachate Collection, Treatment and Disposal.		
<input type="checkbox"/>	19.130(31) Phase Completion of the Landfill.		
<input type="checkbox"/>	19.130(32) Disruption of Landfilled Areas.		
<input type="checkbox"/>	19.130(33) Construction of Buildings.		
<input type="checkbox"/>	19.130(34) Records for Operational and Plan Execution.		
<input type="checkbox"/>	19.130(35) Inspections.		
<input type="checkbox"/>	19.130(36) Re-circulation of Leachate.		
<input type="checkbox"/>	19.130(37) End-of-Life Mercury-added Products.		

D. ASH LANDFILL

Evaluated	Performance Standard	Deviation(s)	Comments/Observations and Recommended Corrective Action(s)
<input type="checkbox"/>	19.131(1) General.	Discuss in Section VI.	Discuss in Section VI.
<input type="checkbox"/>	19.131(2) Fugitive Emissions.		
<input type="checkbox"/>	19.131(3) Ash Moisture Content.		
<input type="checkbox"/>	19.131(4) Spreading/Compacting of Ash.		
<input type="checkbox"/>	19.131(5) Vehicle Washdown / Wheelwash / Other Measures.		



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E. CLOSED LANDFILL

Evaluated	Performance Standard	Deviation(s)	Comments/Observations and Recommended Corrective Action(s)
<input type="checkbox"/>	19.016 Post-closure Use.		
<input type="checkbox"/>	19.142(1) General.	Discuss in Section VI.	Discuss in Section VI.
<input type="checkbox"/>	19.142(2) Post-closure Period.		
<input type="checkbox"/>	19.142(3) Post-closure Period Waiver.		
<input type="checkbox"/>	19.142(4) Post-closure Period Extension.		
<input type="checkbox"/>	19.142(5) Post-closure Requirements.		
<input type="checkbox"/>	19.142(6) Inspection Requirements.		
<input type="checkbox"/>	19.142(7) Additional Measures.		
<input type="checkbox"/>	19.142(8) Termination of the Post-Closure Period.		
<input type="checkbox"/>	19.143(1) Applicability.		
<input type="checkbox"/>	19.143(2) Submission of Post-closure Use Plans.		
<input type="checkbox"/>	19.143(3) Criteria for Approval of Post-closure Use.		
<input type="checkbox"/>	19.143(4) Post-closure Construction.		



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F. ADDITIONAL LANDFILL REQUIREMENTS

Evaluated	Performance Standard	Comments/Observations and Recommended Corrective Action(s)
<input type="checkbox"/>	19.132 Environmental Monitoring Requirements.	
	Is the monitoring of surface water, ground water, landfill gas and any other media as determined by the Department, including without limitation, soil and sediment, being conducted on the schedule established in the permit or as otherwise required by the Department? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Are the analytical results of the environmental monitoring submitted to the Department within 60 days after the date of sample collection or as otherwise specified by the Department? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	19.133 Maintenance of Environmental Control and Monitoring Systems.	
	Are the facility operations conducted in a manner which protects all environmental control systems as approved in the Operation and Maintenance plan and monitoring systems as approved in the Operation and Maintenance plan or permit? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Is regular maintenance of all landfill environmental control systems performed as approved in the Operation and Maintenance plan or permit? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Has the Department been notified of the existence and extent of damaged or destroyed environmental control systems, monitoring devices, or surface water sampling location markers in accordance with 310 CMR 19.133(1)(c) and/or 19.133(1)(e)? <input type="checkbox"/> N/A (if no damage to report) <input type="checkbox"/> YES <input type="checkbox"/> NO	

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F. ADDITIONAL LANDFILL REQUIREMENTS – Continued

Evaluated	Performance Standard	Comments/Observations and Recommended Corrective Action(s)
<input type="checkbox"/>	19.121(4) Landfill Gas Recovery Operation and Maintenance Requirements.	
	Is condensate generation kept to a minimum and condensate recirculation, if proposed, performed in accordance with the permit? <div style="text-align: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>	
	Are the sampling and analysis of condensate conducted on the schedule established in the permit or as otherwise required by the Department? <div style="text-align: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>	
	Are the analytical results of condensate monitoring reported to the Department as established in the permit or as otherwise required by the Department? <div style="text-align: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>	
	Is an annual report on the operation of the landfill gas recovery facility submitted to the Department as specified in the permit? <div style="text-align: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>	



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VI. Inspection Observations

A. FACILITY CONDITION AND OPERATIONS

Examine and evaluate the facility condition and operations as observed during the inspection, including the following:

- Describe any evidence of the following conditions observed at the time of the inspection:
 - Unpermitted discharges to air, water, land or other natural resources of the Commonwealth; and
 - Dust, odors, litter, and/or other nuisance conditions.
- Document and discuss all deviations from any specific requirements for the facility that are not addressed in the previous section (*Section V. – Performance Standards*), including without limitation, the requirements set forth in the facility’s operation and maintenance plan, orders or other enforcement documents, and other solid waste permits, approvals, and authorizations issued to the facility by MassDEP.
- List the types and estimated quantities of all waste and materials stored at the facility at the time of the inspection.
- Provide a narrative that describes the overall status of the general condition, operation and performance of the facility as observed at the time of the inspection.

⇒ Attach photographs taken during the inspection that depict the general condition and operation of the facility. At a minimum, include photographs, as applicable, of the waste unloading (tipping) area, waste storage areas, recyclable material storage and, for transfer stations, the waste reloading activity.

Discussion:

B. RECORD REVIEW

Examine and evaluate the facility’s record-keeping. Without limitation, document the status of the facility’s compliance with, and any deviations from, the record-keeping required by 310 MCR 19.000; the facility’s operation and maintenance plan; orders or other enforcement documents issued to the facility; and other solid waste permits, approvals, determinations and authorizations issued to the facility by the Department, including the following:

- Discuss the evaluation of the Facility’s “daily log” such as, daily tonnage records.
- List and discuss any special incidents that have occurred since the previous inspection such as exceedances of the facility’s permitted waste acceptance limits, nature and outcome of complaints reported to the facility operator (including the identity of the complainant, if known), fires, emergencies, or other disruptions to the routine operation of the facility.

Discussion:



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VII. Summary and Recommendations

Pursuant to 310 CMR 19.018(6)(a)4., where a third-party inspector observes that the operation or maintenance of the facility deviates from the aforementioned applicable requirements, he or she shall document all such deviations and recommend corrective actions for the facility to take to return to compliance.

A. INSPECTION RESULTS

Based on the examinations and evaluations conducted in Sections V. and VI., please summarize the inspection results by checking one of the following determinations:

No deviations from the applicable performance standards or additional requirements listed at 310 CMR 19.018(6) were identified during this inspection.
If no deviations were identified during the inspection, check this box and proceed to Section VII.B.

Deviations from the applicable performance standards or additional requirements listed at 310 CMR 19.018(6) were identified during this inspection and are discussed further in this report.
If deviations were identified during the inspection, check this box and ensure that each deviation and the recommended corrective actions are discussed in the applicable section(s) below.

B. STATUS OF PREVIOUS RECOMMENDATIONS FOR CORRECTIVE ACTION

If a previous inspection report identified deviations with recommendations for corrective action, please describe the action(s) taken since the last inspection to return the facility to compliance with the applicable requirements.

Discussion:

C. RECOMMENDATIONS FOR CORRECTIVE ACTION

Based on the results of this inspection, please list all deviations noted during the inspection and provide recommendations for corrective action to return to compliance with the applicable requirement.

Recommendations:

D. ADDITIONAL COMMENTS

Comments:

VIII. Additional Information Checklist

Attach the following additional information, as applicable, to complete the inspection report.*

- Attach photographs taken during the inspection that depict the general condition and operation of the facility, as required in Section VI.A.
- For C&D Waste facilities only, attach the analytical results, as required in Section V.B.

**Note: Pursuant to 310 CMR 19.018(8), MassDEP may request additional information.*

Continue to Certification Statement on Next Page ►



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IX. Certification – THIRD-PARTY INSPECTOR

"I attest under the pains and penalty of perjury that:

1. I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;
2. Based on my inquiry of those persons responsible for obtaining the information, the information contained in this submittal is, to the best of my knowledge, true, accurate and complete;
3. I have been able to conduct the third-party inspection and prepare the third-party inspection report without being influenced by the facility owner or operator and, (if I am a municipal employee) without being influenced by my municipal employer, by any coworker or by any elected or appointed official of the municipality; and
4. I am aware that there are significant penalties, including, but not limited to, possible administrative and civil penalties for submitting false, inaccurate, or incomplete information and possible fines and imprisonment for knowingly submitting false, inaccurate, or incomplete information."

Signature of Third-Party Inspector

Print Full Name

Company Name

Date (MM/DD/YYYY)

X. Certification – FACILITY OWNER/OPERATOR

Does the facility maintain a Financial Assurance Mechanism (FAM) pursuant to 310 CMR 19.051?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes: • Enter the amount of the current FAM:	\$
• Enter the date of the last revision of the FAM amount, pursuant to 310 CMR 19.051(6):	
<i>As a reminder, pursuant to 310 CMR 19.051(6), the estimate of the cost of closure and post-closure maintenance must be revised every year, and every second year shall be submitted to the Department.</i>	

"I certify under the penalty of law:

1. That I have personally examined and am familiar with the information submitted in this third-party inspection report, including but not limited to the statements above concerning the financial assurance mechanism in place in accordance with any facility permit and 310 CMR 19.051, and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties both civil and criminal for submitting false information including possible fines and imprisonment.
2. That, in the event that this inspection report contains a recommendation for corrective action(s), I have completed and attached to this report a Corrective Action Plan and Schedule*, pursuant to 310 CMR 19.018(8)(c)2."

Signature of Responsible Official

Print Full Name

Title

Date (MM/DD/YYYY)

► Pursuant to 310 CMR 19.018(8)(c), a copy of each third-party inspection report shall be maintained at the facility in accordance with the requirements of 310 CMR 19.000. The owner and operator shall make third-party inspection reports available to personnel or authorized representatives of the Department for review at the facility upon request.

**Note: The owner or operator may elect to correct deviations identified in the Third-Party Inspection Report in a manner that is different than that recommended by the Third-Party Inspector, so long as the facility is brought back into compliance with applicable requirements.*

Within 30 days of the inspection date:	<ul style="list-style-type: none"> • Mail this completed form to the MassDEP Regional Office that serves the municipality in which the facility is located. (Attention: Solid Waste Management) • Send one copy to the local board of health for the municipality in which the facility is located. 	<p>A list of municipalities and MassDEP Regional Offices is available online at: http://www.mass.gov/eea/agencies/massdep/about/contacts/find-the-massdep-regional-office-for-your-city-or-town.html</p>
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