

**Texas Commission on Environmental Quality**

**CHECKLIST WORKSHEET**

**IHW RCRA PERMITTED FACILITY CME CHECKLIST 5**

Reg Ent Name : \_\_\_\_\_

Date : \_\_\_\_\_

Add ID \_\_\_\_\_

Investigator Name \_\_\_\_\_

| Item No. | Description  | Answer | Citations  | Notes |
|----------|--|--------|--|-------|
|          | SECTION A: RECORDKEEPING AND RESPONSE (Permitted)  |        |  |       |
| 1        | Permitted Status Detection Monitoring Does the facility have units or Waste Management Area(s) operating under Permitted Status Detection Monitoring? ( if No, Skip Section A.1) |        |  |       |
| 1A       | Has the facility submitted ground-water monitoring data to the TCEQ as specified in the permit?  |        | 335.163(10)  |       |
| 1B       | Are ground water surface elevations determined at each well for each sampling event?   |        | 335.163(6)<br>264.97(f)  |       |
| 1C       | Is the facility monitoring for indicator parameters, waste constituents, or reaction products as specified in the permit for each monitoring well?                               |        | 335.164(1)(D)<br>335.164(1)(C)<br>335.164(1)(B)<br>335.164(1)(A)<br>335.164(1)<br>264.98(a)                  |       |
| 1D       | Are four replicate samples collected from each background and compliance well at least semi-annually?  |        | 335.164(6)(A)<br>335.164(6)(B)<br>335.164(6)<br>264.98(d)  |       |
| 1E       | Is the facility following the statistical method designated in the permit for determining whether statistically significant contamination exists?                                |        | 335.164(6)(A)<br>335.164(6)(B)<br>335.164(6)<br>264.98(f)(1)   |       |
| 1F       | If statistically significant evidence for contamination exists at any compliance point, did the facility:  |        | 335.164(7)(A)<br>335.164(7)(B)<br>264.98(g)(3)<br>264.98(g)(2)<br>264.98(g)(1)<br>264.98(g)<br>335.164(7)(C) |       |
| 1FI      | Notify the TCEQ Executive Director in writing within 7 days?   |        |  |       |
| 1FII     | Immediately sample all monitor wells for the presence, and if so, the concentrations of Part 264, Appendix IX constituents?  |        |  |       |
| 1FIII    | Resample within one month and repeat analysis, if any Appendix IX constituents were found?   |        |  |       |

**CHECKLIST WORKSHEET**

**IHW RCRA PERMITTED FACILITY CME CHECKLIST 5 (Cont)**

|      |  |  |   |  |
|------|--|--|---|--|
| 1G   | If presence of Appendix IX constituents was confirmed, did the facility submit an application for a permit modification to establish a compliance monitoring program within 90 days?     |  | 335.164(7)(D)(iv)<br>335.164(7)(D)(iii)<br>335.164(7)(D)(ii)<br>335.164(7)(D)(i)<br>335.164(7)(D)<br>264.98(g)(4)(ii)<br>264.98(g)(4)(iii)<br>264.98(g)(4)<br>264.98(g)(4)(i)<br>264.98(g)(4)(iv) |  |
| 2    | Permitted Status Compliance Monitoring Does the facility have units or Waste Management Area(s) operating under Permitted Status Compliance Monitoring? (if No, Skip Section A.2)        |  |   |  |
| 2A   | Has the facility submitted to the TCEQ by January 21 of each year, an annual summary that includes ground-water quality data, flow rates, and flow direction?                            |  | 335.165(11)   |  |
| 2B   | Does the facility maintain copies of the annual summary for at least 3 years?  |  | 335.165(11)   |  |
| 2C   | Are ground water surface elevations determined at each well for each sampling event?   |  | 335.163(6)<br>264.97(f)   |  |
| 2D   | Is the facility monitoring to determine whether the WMU(s) is in compliance with the ground-water protection standard specified in the permit/compliance plan?                           |  | 335.165(1)(A)<br>335.165(1)(B)<br>335.165(1)(C)<br>335.165(1)(D)<br>335.165(1)  |  |
| 2E   | Are four replicate samples collected from each background and compliance well and on a schedule specified by the permit/compliance plan?   |  | 335.165(6)<br>264.99(f)   |  |
| 2F   | Is the facility following the statistical method designated in the permit/compliance plan for determining whether statistically significant evidence for increased contamination exists? |  | 335.165(4)(A)<br>264.99(d)(1)   |  |
| 2G   | If statistically significant evidence for increased contamination exists at any compliance point, did the facility:  |  | 335.165(8)(A)<br>264.99(h)(2)(ii)<br>335.165(8)(B)(i)<br>335.165(8)(B)(ii)<br>335.165(8)(B)<br>264.99(h)<br>264.99(h)(1)<br>264.99(h)(2)<br>264.99(h)(2)(i)                                       |  |
| 2GI  | Notify the TCEQ Executive Director in writing within 7 days?   |  |   |  |
| 2GII | Submit to the TCEQ within 180 days, an application for a permit modification to establish a corrective action program?   |  |   |  |

**CHECKLIST WORKSHEET**

**IHW RCRA PERMITTED FACILITY CME CHECKLIST 5 (Cont)**

|       |   |  |  |  |
|-------|---|--|--|--|
| 3     | Permitted Status Corrective Action Program Does the facility have units or Waste Management Area(s) in Permitted Status Corrective Action Monitoring? (if No, Delete Section A.3)   |  |  |  |
| 3A    | If a corrective action program is required by the permit/compliance plan, is the facility compliant with all requirements of the corrective action program as specified in the permit/compliance plan, including the following: |  | 335.166(1)(A)<br>335.166(1)(B)<br>264.100<br>335.166(5)<br>335.166(1)<br>335.166(1)(C)<br>335.166(1)(D)<br>335.166(2)<br>335.166(3)<br>335.166(4)<br>335.166(5)(A)<br>335.166(5)(B)<br>335.166(6)<br>335.166(7)<br>335.166(8)<br>335.166 |  |
| 3AI   | Are RCRA Units in compliance with the ground water protection standard (GWPS), beyond the point of compliance?  |  |  |  |
| 3AII  | Does the corrective action program prevent hazardous constituents from exceeding their respective concentration limits?   |  |  |  |
| 3AIII | Did the facility begin corrective action within a reasonable time after the GWPS was exceeded?  |  |  |  |
| 3AIV  | Has a ground water monitoring program been implemented to demonstrate the effectiveness of the corrective action program?   |  |  |  |

CHECKLIST WORKSHEET

---

IHW RCRA PERMITTED FACILITY CME CHECKLIST 5