This form is to be completed by the landfill manager or designated representative for all landfill areas utilizing waste as ballast. One form will be developed for each area (or combination of areas) described by approved liner evaluation reports. This form is to be submitted with the Ballast Evaluation Report (BER) for the evaluated area and may be referenced by the Professional of Record (POR) in order to verify that the placement of ballast is in compliance with the Soils and Liner Quality Control Plan (SLQCP). The site operator must prepare and sign supporting documentation on a daily basis verifying the area of waste placement, the waste material in the first 5 feet of waste was free of brush and large bulky items, daily operation of the pressure relief/dewatering system, and a wheeled trash compactor having a minimum weight of 40,000 pounds was used.

1. **General Information**

   Area documented by this record (provide site grid coordinates of each corner)
   
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

   Soils and Liner Evaluation Report and Geomembrane Liner Evaluation Report document date(s) and approval date(s) for this area
   
   ______________________________________________________________
   ______________________________________________________________

   Date of initial waste placement _________________________________

   Date of completion of first 5 feet of waste in place over entire area __________

   Total required waste-as-ballast thickness for this area (Note: Calculations for determining the required thickness of waste as ballast are included with the SLQCP/BER for this area.)
   
   ______________________________________________________________

   Date when minimum required thickness of waste was achieved _________________

2. **Waste Equipment Used**

   What type of compaction equipment was used? ______________________________

   Did the compactor have a minimum gross weight of 40,000 pounds? __________

   Was this compactor used throughout the entire period covered by this record? ________

   If a minimum 40,000 pound wheeled trash compactor was not used throughout the period covered by this record, attach documentation of initial and final survey data (if not previously provided as part of the BER) of the ballasted area and measurements of truck
weights at the scale house for the time period covered by the BER for use in determining in-place waste density. Is this documentation complete and accurate? ______________

3. First Waste Lift Considerations

Describe type(s) of waste placed in first 5 feet of waste over the top of the liner protective cover ________________________________________________________________________________

Does the first 5 feet of waste contain any brush or large bulky waste items which would damage the underlying liner system or which cannot be compacted to the required density? ______________

4. Waste Compaction Methods

Approximate loose waste layer thickness prior to compaction ______________

Minimum number of compactor passes for each waste layer ______________

Maximum slope of compacted waste layers ________________________________________________________________________________

5. Pressure Relief/Dewatering System

Was the pressure relief/dewatering system (if required) operated continuously during the period covered by this record? ______________

Is the pressure relief/dewatering system presently in operation? ______________

Signature of Permittee or Operator

The waste overlying the area described in this record has been placed and compacted as described in this record and in accordance with the Soils and Liner Quality Control Plan and Site Operating Plan

______________________________________________________________________________

__________ (signature) ________________________________________________________________________________

__________ (typed or printed name) ________________________________________________________________________________

__________ (title) ________________________________________________________________________________

__________ (date signed) ________________________________________________________________________________

__________ (phone number) ________________________________________________________________________________

__________ (fax number) ________________________________________________________________________________

__________ (company or business name) ________________________________________________________________________________

__________ (address, city, state, zip code) ________________________________________________________________________________

Note: This completed form must be submitted with the BER and placed in the Operating Record and be available for review.