



Texas Commission on Environmental Quality
Municipal Solid Waste Facility
Uplift Stability

Facility: _____ **Cell/Area No:** _____

Location: _____

Evaluation Date: _____

Point on Liner System	Elevation (ft)	Piezometric Head (ft)	Factor of Safety
Bottom of natural clay			
Bottom of clay liner			
Bottom of geomembrane			
Top of soil cover			
Top of ballast			
Other			

Location: _____

Evaluation Date: _____

Point on Liner System	Elevation (ft)	Piezometric Head (ft)	Factor of Safety
Bottom of natural clay			
Bottom of clay liner			
Bottom of geomembrane			
Top of soil cover			
Top of ballast			
Other			

Location: _____

Evaluation Date: _____

Point on Liner System	Elevation (ft)	Piezometric Head (ft)	Factor of Safety
Bottom of natural clay			
Bottom of clay liner			
Bottom of geomembrane			
Top of soil cover			
Top of ballast			
Other			

Note: Factors of safety must be calculated at representative critical locations, times, and points on the liner system.

Location: _____

Evaluation Date: _____

Point on Liner System	Elevation (ft)	Piezometric Head (ft)	Factor of Safety
Bottom of natural clay			
Bottom of clay liner			
Bottom of geomembrane			
Top of soil cover			
Top of ballast			
Other			

Location: _____

Evaluation Date: _____

Point on Liner System	Elevation (ft)	Piezometric Head (ft)	Factor of Safety
Bottom of natural clay			
Bottom of clay liner			
Bottom of geomembrane			
Top of soil cover			
Top of ballast			
Other			

Location: _____

Evaluation Date: _____

Point on Liner System	Elevation (ft)	Piezometric Head (ft)	Factor of Safety
Bottom of natural clay			
Bottom of clay liner			
Bottom of geomembrane			
Top of soil cover			
Top of ballast			
Other			

Note: Factors of safety must be calculated at representative critical locations, times, and points on the liner system.