

Truax Landfill Cover Inspection Record

Date	Name of Inspector		
<u>Description of Weather</u>			
Time	Temperature	Barometric Pressure	Precipitation
Weather Conditions	Ground Conditions	General Past 7-Day Weather Conditions	
<u>Landfill Vegetation Cover</u>			
General Health of Vegetation			
Healthy <input type="checkbox"/> Stressed <input type="checkbox"/> Barren <input type="checkbox"/>			
Comments			
Density of Vegetation			
Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>			
Comments			
Evidence of Burrowing Animals		Comments	
No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Erosion of Landfill Cap		Comments	
No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Settlement of Landfill Cap		Comments	
No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Drainage Ditch Erosion		Comments	
No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Leachate Seeps Identified		Comments	
No <input type="checkbox"/>	Yes <input type="checkbox"/>		

Location of Erosion on Landfill Cap

Location of Settlement of Landfill Cap

Location of Drainage Ditch Erosion

Location of Leachate Seeps

Horizontal Gas Wells

Well	Erosion		Comments
TR-1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
TR-2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
TR-3	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
TR-4	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
TR-5	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
TR-6	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
TR-7	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
TR-8	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
TR-9	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
TR-10	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
TR-11	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
TR-12	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
TR-13	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Vertical Gas Wells

Well	Erosion		Comments
N-1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
N-2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
N-3	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
N-4	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
N-5	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
W-1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
W-2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
W-3	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
W-4	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
W-5	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
W-6	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
W-7	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
W-8	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
W-9	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
W-10	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
W-11	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
W-12	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
W-13	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
W-14	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
W-15	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
W-16	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
S-1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
S-2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
S-3	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
S-4	Yes <input type="checkbox"/>	No <input type="checkbox"/>	