



Enforcement Agency: <u>L.A. County Solid Waste Hq. net</u>	For Official CIWMB Use Only	
FACILITY FILE NUMBER: (99-xx-9999) <u>19-AA-0052</u>	INSPECTION DATE (MM/DD/YYYY) <u>08/14/2007</u>	Received Date: _____
Facility Name: <u>Chiquita Lp. Landfill</u>	<input type="checkbox"/> Attachments On File (Not Scanned)	
Facility Location: <u>29501 Henry Mayo Dr. Valencia, Ca</u>	Inspector: <u>Castellanos</u>	Inspector Signature: <u>[Signature]</u>

Comments:

Two odor complaints received during the morning hours on 8/14/07. Landfill personnel was walking on Val Verde area and did not verify complaints. Landfill staff (2) walk Val Verde streets on daily basis during morning hours. At the time of inspection excavations for gas horizontal gas lines were being conducted on cells 3, 4 and 5. Any trash was taken immediately to working face and hole covered as soon as possible. Landfill employee was spraying deodorizer over excavated area to minimize odor. AQMD - present on site @ 11:45 to investigate odor complaints. A/C - Gas monitoring device -> Ensure this equipment is in good working condition to conduct in-house gas monitoring.

INSTRUCTIONS ON BACK

Correct: ● Incorrect: ○

EXAMPLE 1 2 3

Top White - CIWMB

Middle Pink - LEA

Bottom - Yellow

California Integrated Waste Management Board  
**Compostable Materials Handling Operation  
 and Facility Inspection Report**

Enforcement Agency: <i>L.A. County Solid Waste Mgmt</i>		For Official CIWMB Use Only Received Date	
FACILITY FILE NUMBER (99-xx-9999) <i>19-AA-0052</i>		INSPECTION DATE (MM/DD/YYYY) <i>8/14/07</i>	
PROGRAM CODE (Select only one code) <input checked="" type="radio"/> EA Periodic <input type="radio"/> CIWMB Closed Sites <input type="radio"/> CIWMB Focused <input type="radio"/> LEA Focused <input type="radio"/> CIWMB Enforcement Agent <input type="radio"/> CIWMB Periodic		Time In:	Inspection Time
Facility Name <i>Organic Solutions</i>		Time Out:	<input type="checkbox"/> Attachments On File (Not Scanned)
Facility Location <i>29301 Jerry Mayo Dr. Valencia Ca</i>		Received By (Operator) Signature <i>Ray Halland</i>	
Inspector <i>Castellanos</i>		Owner Signature (if present)	
Inspector Signature <i>H. Castellanos</i>		Also Present (Name)	

THE ABOVE FACILITY WAS INSPECTED FOR COMPLIANCE WITH APPLICABLE SECTIONS OF DIVISION 30 OF THE PUBLIC RESOURCES CODE (PRC), AND TITLE 14 AND TITLE 27 CALIFORNIA CODE OF REGULATIONS (CCR). THE STANDARDS BELOW ARE CONSIDERED IN COMPLIANCE UNLESS OTHERWISE MARKED WITH ONE OF THE FOLLOWING: V=VIOLATION A=AREA OF CONCERN

PERMITS - FACILITIES	V	A	CHIPPING AND GRINDING OPS AND FACILITIES	V	A	MAXIMUM METAL CONCENTRATIONS	V	A
PRC 44002 - OPERATOR AUTH BY SWF PERMIT	<input type="checkbox"/>	<input type="checkbox"/>	17862 1(a) - CG: 200 TPD-EA NOTICE	<input type="checkbox"/>	<input type="checkbox"/>	17868.2 - METAL CONCENTRATION EXCEEDED	<input type="checkbox"/>	<input type="checkbox"/>
PRC 44004 - SIGNIFICANT CHANGE	<input type="checkbox"/>	<input type="checkbox"/>	17862 1(b) - CG: 200-500 TPD REG PRMT	<input type="checkbox"/>	<input type="checkbox"/>	PATHOGEN REDUCTION		
PRC 44005 - TRANSFER OWNERSHIP	<input type="checkbox"/>	<input type="checkbox"/>	17862 1(c) - CG: > 500 TPD FULL PRMT	<input type="checkbox"/>	<input type="checkbox"/>	17868.3(a) - PATHOGEN LEVELS EXCEEDED	<input type="checkbox"/>	<input type="checkbox"/>
PRC 44014(b) - OPER COMPLIES WITH TERMS	<input type="checkbox"/>	<input type="checkbox"/>	17862 1(d) - CG: CONTAM LIMIT SAMPLING	<input type="checkbox"/>	<input type="checkbox"/>	17868.3(b) - PATHOGEN LEVELS/TEMP MAINT	<input type="checkbox"/>	<input type="checkbox"/>
17210.3 - REQ FOR EMERGENCY WAIVER	<input type="checkbox"/>	<input type="checkbox"/>	17862 1(e) - CG: CONTAM LIMIT	<input type="checkbox"/>	<input type="checkbox"/>	17868.3(c) - ALT METHODS APPROVED	<input type="checkbox"/>	<input type="checkbox"/>
17211.3 REQ FOR TEMP STIP. AGREEMENT	<input type="checkbox"/>	<input type="checkbox"/>	17862 1(f) - CG: STORAGE LMT / EXCEEDED	<input type="checkbox"/>	<input type="checkbox"/>	17868.3(d) - TEMP MONITORING	<input type="checkbox"/>	<input type="checkbox"/>
17211.4 - ISSUING STIP AGREEMENT (PEP)	<input type="checkbox"/>	<input type="checkbox"/>	SITING AND DESIGN			GENERAL MATERIAL PROCESSING		
17854 - COMP MAT HAND FACILITY PERMIT	<input type="checkbox"/>	<input type="checkbox"/>	17865(a) - CLOSED LANDFILLS (Post Close Use)	<input type="checkbox"/>	<input type="checkbox"/>	17868.5(a) - LOAD CHECKING/SORTING	<input type="checkbox"/>	<input type="checkbox"/>
17863 - REPORT OF COMP SITE INFO	<input type="checkbox"/>	<input type="checkbox"/>	17865(b) - INTERMED COVER (Foundation Stab)	<input type="checkbox"/>	<input type="checkbox"/>	17868.5(b) - PHYSICAL CONTAMINANTS	<input type="checkbox"/>	<input type="checkbox"/>
17863.4 - ODOR IMPACT MINIMIZATION PLAN	<input type="checkbox"/>	<input type="checkbox"/>	17866 - GENERAL DESIGN REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	17868.5(c) - AG OPER METAL CONCENT	<input type="checkbox"/>	<input type="checkbox"/>
18104 - REG PERMIT (Chipping & Grinding)	<input type="checkbox"/>	<input type="checkbox"/>	GENERAL OPERATING STANDARDS			17868.5(d) - PERSONNEL TRAIN (1% contains)	<input type="checkbox"/>	<input type="checkbox"/>
21640 - PERMIT REVIEW APPLICATION	<input type="checkbox"/>	<input type="checkbox"/>	17867(a)(1) - ANIMAL WASTE	<input type="checkbox"/>	<input type="checkbox"/>	17868.5(e) - RECORDS	<input type="checkbox"/>	<input type="checkbox"/>
FILING REQUIREMENTS - OPERATIONS			17867(a)(2) - VECT/ODRS/LIT/HAZ/NUIS/NOIS/DST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RECORD KEEPING		
17863.4 - ODOR IMPACT MINIMIZATION PLAN	<input type="checkbox"/>	<input type="checkbox"/>	17867(a)(3) - RANDOM LOAD CHECKS	<input type="checkbox"/>	<input type="checkbox"/>	17869(a) - INSPECTION OF RECORDS	<input type="checkbox"/>	<input type="checkbox"/>
18103.1 - ENF AGENCY NOTIF FILED	<input type="checkbox"/>	<input type="checkbox"/>	17867(a)(4) - COMPOST CONTAMINATION	<input type="checkbox"/>	<input type="checkbox"/>	17869(b) - SPECIAL OCCURRENCES	<input type="checkbox"/>	<input type="checkbox"/>
AGRICULTURAL MATERIAL COMPOSTING OPERATIONS			17867(a)(5) - UNAUTHORIZED ACCESS	<input type="checkbox"/>	<input type="checkbox"/>	17869(c) - PUBLIC COMPLAINTS	<input type="checkbox"/>	<input type="checkbox"/>
1785(a) - AG COMP OPER - EA NOTIF RQMT	<input type="checkbox"/>	<input type="checkbox"/>	17867(a)(6) - TRAFFIC CONTROL	<input type="checkbox"/>	<input type="checkbox"/>	17869(d) - FEEDSTOCK AND COMPOST	<input type="checkbox"/>	<input type="checkbox"/>
1785(b) - AG MAT COMP OP REQS/INSP FREQ	<input type="checkbox"/>	<input type="checkbox"/>	17867(a)(7) - SIGNS	<input type="checkbox"/>	<input type="checkbox"/>	17869(e) - LOAD CHECKS	<input type="checkbox"/>	<input type="checkbox"/>
1785(c) - SALE/GIVE > 1K CU YDS PER YEAR, <12,500 CUBIC YDS OF GREEN MAT ON-SITE	<input type="checkbox"/>	<input type="checkbox"/>	17867(a)(8) - FIRE PREV, PROT, CNTRL (temps)	<input type="checkbox"/>	<input type="checkbox"/>	17869(f) - ARTICLE 7 TEST RESULTS	<input type="checkbox"/>	<input type="checkbox"/>
RESEARCH COMPOST OPERATIONS			17867(a)(9) - PHONE OR RADIO COMM	<input type="checkbox"/>	<input type="checkbox"/>	17869(g)(1) - PATHOGEN REDUCTION MTHDS	<input type="checkbox"/>	<input type="checkbox"/>
17862(a) - MAXIMUM 5,000 CUBIC YDS ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	17867(a)(10) - PHYS CONTAM, REFUSE REM	<input type="checkbox"/>	<input type="checkbox"/>	17869(g) - RECORD OF SERIOUS INJURIES	<input type="checkbox"/>	<input type="checkbox"/>
17862(b) - IN VESSEL-LEAVE APP > 5K CY	<input type="checkbox"/>	<input type="checkbox"/>	17867(a)(11) - ENCL ACTIVITIES VENTILATED	<input type="checkbox"/>	<input type="checkbox"/>	17869(h) - TRAINING RECORDS	<input type="checkbox"/>	<input type="checkbox"/>
17862(c) - DESC RESEARCH/TIME FRAME	<input type="checkbox"/>	<input type="checkbox"/>	17867(a)(12) - LECHATE CONTROL	<input type="checkbox"/>	<input type="checkbox"/>	SITE RESTORATION		
17862(d) - EA NOTIFICATION RENEWAL-2 YRS	<input type="checkbox"/>	<input type="checkbox"/>	17867(a)(13) - PHYS CONT PREV. REMOVED	<input type="checkbox"/>	<input type="checkbox"/>	1787(a) - NYC 30 DAYS PRIOR RESTORATION	<input type="checkbox"/>	<input type="checkbox"/>
			17867(a)(14) - SITE ATTENDANT	<input type="checkbox"/>	<input type="checkbox"/>	1787(b) - PROTECT PUB HLTH, SAFETY, ENVIR	<input type="checkbox"/>	<input type="checkbox"/>
			17867.5 - PERSONNEL TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	1787(c) - RESTORATION PROC PERFORMED	<input type="checkbox"/>	<input type="checkbox"/>
			SAMPLING REQUIREMENTS (OPERATIONS THAT SELL OR GIVE AWAY > 1,000 CUBIC YARDS AND ALL FACILITIES)			OTHER		
			17868.1 SAMPLING REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Comments: (Note: for additional or continued comments use the CIWMB 03 or attach additional pages.)

*H/C 17807(a)(2) - Curran area is watered on a frequent basis to minimize dust problems. Load check and temperature records checked and found satisfactory. As a reminder, provide sample of compost to the lab after 500k cu yd of material. No litter observed on site.*

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Facility Name <i>Organic Solutions</i>		Received Date	
Facility Location <i>2981 Henry Mayo Dr. Valencia, Ca.</i>		<input type="checkbox"/> Attachments On File (Not Scanned)	
Inspector: <i>Castillanos</i>	Inspector Signature <i>R. Castillanos</i>		

Comments:

Observed a large amount of accumulated gypsum that has not been ground or processed. Lacked to operator to have material ground on a regular basis. Only 2 rows of compost are active, a new row was planned for today.

Fax to LEA office latest lab. test results ~~to~~ 628-813-3022

INSTRUCTIONS ON BACK

Correct: ● Incorrect: ○

EXAMPLE 123

Top White - CIWMB

Middle Pink - LEA

Bottom - Yellow