

California Integrated Waste Management Board
Disposal Facility Inspection Report

~~Blue or Black Ink Pen~~

Enforcement Agency: L.A. County Solid Waste Mgmt.

Facility File Number: 19-AA-0052 (99-xx-9999)

Inspection Date: 9/13/07

PROGRAM CODE (Select only one code)
 LEA-Periodic CIWMB-Closed Sites CIWMB-Focused
 LEA-Focused CIWMB-Enforcement Agent CIWMB-Periodic

Time In: _____ Inspection Time: _____
 Time Out: _____

Received By (Operator) Signature: [Signature]
 Owner Signature (if present): _____
 Also Present (Name): _____

Facility Name: Chiquita Cup Landfill
 Facility Location: 29501 Hwy 101, Ojai, CA
 Inspector: Castellanos Inspector Signature: [Signature]

For Official CIWMB Use Only
 Received Date: _____
 Attachments On File (Not Scanned)

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	V	A	SPREADING/COMPACTING	V	A	CONTROLS	V	A
PRC 44004(a) - SIGNIFICANT CHANGE	<input type="checkbox"/>	<input type="checkbox"/>	20640 - SPREADING/COMPACTING	<input type="checkbox"/>	<input type="checkbox"/>	20840 - NOISE CONTROL	<input type="checkbox"/>	<input type="checkbox"/>
PRC 44014(b) - OPERATOR COMPLIES WITH TERMS AND CONDITIONS OF PERMIT	<input type="checkbox"/>	<input type="checkbox"/>	20650 - GRADING OF FILL SURFACES	<input type="checkbox"/>	<input type="checkbox"/>	20850 - TRAFFIC CONTROL	<input type="checkbox"/>	<input type="checkbox"/>
21640 - REVIEW OF PERMITS	<input type="checkbox"/>	<input type="checkbox"/>	20660 - STOCKPIILING	<input type="checkbox"/>	<input type="checkbox"/>	20870 - HAZARDOUS WASTES	<input type="checkbox"/>	<input type="checkbox"/>
21600 - REPORT OF DISP SITE INFORMATION	<input type="checkbox"/>	<input type="checkbox"/>	DAILY & INTERMEDIATE COVER			20880 - MEDICAL WASTES	<input type="checkbox"/>	<input type="checkbox"/>
LOCATION RESTRICTIONS			20670 - AVAILABILITY OF COVER MATERIAL	<input type="checkbox"/>	<input type="checkbox"/>	20890 - DEAD ANIMALS	<input type="checkbox"/>	<input type="checkbox"/>
20270 - AIRPORT SAFETY	<input type="checkbox"/>	<input type="checkbox"/>	20680 - DAILY COVER	<input type="checkbox"/>	<input type="checkbox"/>	20900 - AIR CRITERIA	<input type="checkbox"/>	<input type="checkbox"/>
OPERATING CRITERIA			20690 - ALTERNATIVE DAILY COVER	<input type="checkbox"/>	<input type="checkbox"/>	GAS MONITORING & CONTROL		
20510 - DISPOSAL SITE RECORDS	<input type="checkbox"/>	<input type="checkbox"/>	20695 - PERFORMANCE STANDARDS	<input type="checkbox"/>	<input type="checkbox"/>	20918 - EXEMPTIONS	<input type="checkbox"/>	<input type="checkbox"/>
20515 - MSWLF UNIT RECORDS	<input type="checkbox"/>	<input type="checkbox"/>	20700 - INTERMEDIATE COVER	<input type="checkbox"/>	<input type="checkbox"/>	20919 - GAS CONTROL	<input type="checkbox"/>	<input type="checkbox"/>
20517 - DOCUMENT APPROVALS/REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	20695 - BENEFICIAL REUSE	<input type="checkbox"/>	<input type="checkbox"/>	20919.5 - EXPLOSIVE GAS CONTROL	<input type="checkbox"/>	<input type="checkbox"/>
20520 - SIGNS	<input type="checkbox"/>	<input type="checkbox"/>	HANDLING, EQUIPMENT & MAINTENANCE			CLOSURE		
20530 - SITE SECURITY	<input type="checkbox"/>	<input type="checkbox"/>	20710 - SCAVENGING/SALVAGING/STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	21110 - TIME FRAMES FOR CLOSURE	<input type="checkbox"/>	<input type="checkbox"/>
20540 - ROADS	<input type="checkbox"/>	<input type="checkbox"/>	20720 - NON-SALVAGEABLE ITEMS	<input type="checkbox"/>	<input type="checkbox"/>	21780 - SUBMITTAL CLOSURE PLANS	<input type="checkbox"/>	<input type="checkbox"/>
20550 - SANITARY FACILITIES	<input type="checkbox"/>	<input type="checkbox"/>	20730 - VOLUME REDUCTION/ENERGY RECOVERY	<input type="checkbox"/>	<input type="checkbox"/>	TIRES		
20560 - DRINKING WATER SUPPLY	<input type="checkbox"/>	<input type="checkbox"/>	20740 - EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	17351 - FIRE PREVENTION MEASURES	<input type="checkbox"/>	<input type="checkbox"/>
20570 - COMMUNICATION FACILITIES	<input type="checkbox"/>	<input type="checkbox"/>	20750 - SITE MAINTENANCE	<input type="checkbox"/>	<input type="checkbox"/>	17352 - FACILITY ACCESS SECURITY	<input type="checkbox"/>	<input type="checkbox"/>
20580 - LIGHTING	<input type="checkbox"/>	<input type="checkbox"/>	CONTROLS			17353 - VECTOR CONTROL	<input type="checkbox"/>	<input type="checkbox"/>
PERSONNEL			20760 - NUISANCE CONTROL	<input type="checkbox"/>	<input type="checkbox"/>	17354 - STORAGE	<input type="checkbox"/>	<input type="checkbox"/>
20590 - PERSONNEL HEALTH & SAFETY	<input type="checkbox"/>	<input type="checkbox"/>	20770 - ANIMAL FEEDING	<input type="checkbox"/>	<input type="checkbox"/>	17355 - DISPOSAL	<input type="checkbox"/>	<input type="checkbox"/>
20610 - TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	20780 - OPEN BURNING/BURNING WASTES	<input type="checkbox"/>	<input type="checkbox"/>	17356 - INDOOR STORAGE	<input type="checkbox"/>	<input type="checkbox"/>
20615 - SUPERVISION	<input type="checkbox"/>	<input type="checkbox"/>	20790 - LEACHATE CONTROL	<input type="checkbox"/>	<input type="checkbox"/>	OTHER		
20620 - SITE ATTENDANT	<input type="checkbox"/>	<input type="checkbox"/>	20800 - DUST CONTROL	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
CONFINED UNLOADING			20810 - VECTOR AND BIRD CONTROL	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
20630 - CONFINED UNLOADING	<input type="checkbox"/>	<input type="checkbox"/>	20820 - DRAINAGE & EROSION CONTROL	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			20830 - LITTER CONTROL	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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

AC # 20820 - Clean and maintain all drains and ditches throughout landfill to allow proper water drainage during rainy season. Observed litter and tumble weeds inside drains.

AC 20830 - Ensure litter is picked up daily and avoid accumulation of litter along fences. Remove litter from ADC.

Correction date 9/26/07

-Sover

INSTRUCTIONS ON BACK

Correct Incorrect

EXAMPLE 1 2 3

Top White - CIWMB

Middle Pink - LEA

Bottom - Yellow

Enforcement Agency: <u>L.A. County Solid Waste Dept</u>		For Official CIWMB Use Only	
FACILITY FILE NUMBER (99-xx-9999) <u>19-177-0052</u>		INSPECTION DATE (MM/DD/YY) <u>9/13/2007</u>	
Facility Name <u>Chequita Cem. Landfill</u>		Received Date	
Facility Location <u>29 So. Henry Way, Oxnard, California, Ca</u>		<input type="checkbox"/> Attachments On File (Not Scanned)	
Inspector <u>Castellanos</u>	Inspector Signature <u>[Signature]</u>		

Comments:

Last month area of concern ~~#~~ has been abated
Gas monitoring equipment has been serviced
and it is in good working condition.

Key meter probes # 4, 6, 7, 8, 9 + 10 checked for
methane, no methane detected. Bird control
satisfactory. SP-9 at 25' - CO₂ was 16.7%

Case amendments to RCST are done
as specified in the CIWMB 18 month
inspection report.

Martel Belano 9/13/07

INSTRUCTIONS ON BACK

Correct: ● Incorrect: ○

EXAMPLE 1 2 3

Top White - CIWMB

Middle Pink - LEA

Bottom - Yellow

Organic Solutions

State of California
CIWMB 93
 (Rev 01/07)

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

Enforcement Agency: L.A. County Solid Waste Mgmt.

FACILITY FILE NUMBER: (99-xx-9999) 19-AA-0052 INSPECTION DATE (MM/DD/YYYY) 9/13/07

PROGRAM CODE (Select only one code)
 LEA Periodic CIWMB Closed Sites CIWMB Focused
 LEA Focused CIWMB Enforcement Agent CIWMB Periodic

Time In: _____ Inspection Time: _____
 Time Out: _____

Facility Name: Chiquita Corp. Landfill Received By (Operator) Signature: Brandon Hilland
 Facility Location: 2920 Hwy 140, La Verne, CA Owner Signature (if present): _____
 Inspector: Castellanos Inspector Signature: [Signature] Also Present (Name): _____

For Official CIWMB Use Only
 Received Date: _____
 Attachments On File (Not Scanned)

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"/>
1721Q.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 Slab)	<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"/>	17865 - 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) - VECTORS/LIT/HAZNUIS/NOIS/DST	<input 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)(6) - UNAUTHORIZED ACCESS	<input type="checkbox"/>	<input type="checkbox"/>	17869(c) - PUBLIC COMPLAINTS	<input type="checkbox"/>	<input type="checkbox"/>
17856(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"/>
17856(b) - AG MAT COMP OP REQ/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"/>
17856(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(f)(1) - PATHOGEN REDUCTION MTHDS	<input type="checkbox"/>	<input type="checkbox"/>
17862(a) - MAXIMUM 6,000 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-LEA/EA 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"/>	17870(a) - NTC 30 DAYS PRIOR RESTORATION	<input type="checkbox"/>	<input type="checkbox"/>
			17867(a)(14) - SITE ATTENDANT	<input type="checkbox"/>	<input type="checkbox"/>	17870(b) - PROTECT PUB HLTH, SAFETY, ENVIR	<input type="checkbox"/>	<input type="checkbox"/>
			17867.5 - PERSONNEL TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	17870(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.)

The following records were checked: Road check and temperatures.
 Last month A/C # 17867(a)(2) has been abated. No dust problems observed. At the time of inspection gypsum was being processed.

INSTRUCTIONS ON BACK

Correct: ● Incorrect: ○

EXAMPLE 1 2 3

Top White - CIWMB

Middle Pink - LEA

Bottom - Yellow

Enforcement Agency: <i>L.A. Solid Waste Mgmt</i>		For Official CIWMB Use Only	
FACILITY FILE NUMBER (99-xx-9999) <i>19-44-4052</i>		Received Date	
INSPECTION DATE (MM/DD/YYYY) <i>1/1/11</i>		<input type="checkbox"/> Attachments On File (Not Scanned)	
Facility Name <i>Organic Solutions</i>			
Facility Location <i>29501 Henry Mayo Pl. Valencia, Ca</i>			
Inspector <i>Castellano</i>	Inspector Signature <i>Castellano</i>		

Comments:

A/c 17869(c) Load Check - No loads conducted since 8/28/07. Ensure load checks (1 per day) are done unless no customers are received during the day. All employees must be trained to conduct load checks and temperature checks.

Brandon Hillard

INSTRUCTIONS ON BACK

Correct: ● Incorrect: ✘ ✘ ✘

EXAMPLE 123

Top White - CIWMB

Middle Pink - LEA

Bottom - Yellow