

Appendix F
Site Inspection Checklist

III. ON-SITE DOCUMENTS & RECORDS VERIFIED (Check all that apply)			
1.	O&M Documents <input type="checkbox"/> O&M manual <input type="checkbox"/> As-built drawings <input type="checkbox"/> Maintenance logs Remarks: <u>Groundwater extraction system has been shutdown since 2002 and removed from the site in 2003</u>	<input type="checkbox"/> Readily available <input type="checkbox"/> Readily available <input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date <input type="checkbox"/> Up to date <input type="checkbox"/> Up to date <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A
2.	Site-Specific Health and Safety Plan <input type="checkbox"/> Contingency plan/emergency response plan Remarks _____	<input checked="" type="checkbox"/> Readily available <input type="checkbox"/> Readily available	<input checked="" type="checkbox"/> Up to date <input type="checkbox"/> Up to date <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A
3.	O&M and OSHA Training Records Remarks _____	<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date <input checked="" type="checkbox"/> N/A
4.	Permits and Service Agreements <input type="checkbox"/> Air discharge permit <input type="checkbox"/> Effluent discharge <input type="checkbox"/> Waste disposal, POTW <input type="checkbox"/> Other permits _____ Remarks _____	<input type="checkbox"/> Readily available <input type="checkbox"/> Readily available <input type="checkbox"/> Readily available <input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date <input type="checkbox"/> Up to date <input type="checkbox"/> Up to date <input type="checkbox"/> Up to date <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A
5.	Gas Generation Records Remarks _____	<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date <input checked="" type="checkbox"/> N/A
6.	Settlement Monument Records Remarks _____	<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date <input checked="" type="checkbox"/> N/A
7.	Groundwater Monitoring Records Remarks _____	<input checked="" type="checkbox"/> Readily available	<input checked="" type="checkbox"/> Up to date <input type="checkbox"/> N/A
8.	Leachate Extraction Records Remarks _____	<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date <input checked="" type="checkbox"/> N/A
9.	Discharge Compliance Records <input type="checkbox"/> Air <input type="checkbox"/> Water (effluent) Remarks _____	<input type="checkbox"/> Readily available <input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date <input type="checkbox"/> Up to date <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A
10.	Daily Access/Security Logs Remarks _____	<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date <input checked="" type="checkbox"/> N/A

IV. O&M COSTS	
1.	<p>O&M Organization</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> State in-house <input type="checkbox"/> PRP in-house <input type="checkbox"/> Federal Facility in-house <input type="checkbox"/> Other _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Contractor for State <input type="checkbox"/> Contractor for PRP <input type="checkbox"/> Contractor for Federal Facility </div> </div>
2.	<p>O&M Cost Records</p> <input type="checkbox"/> Readily available <input type="checkbox"/> Up to date <input type="checkbox"/> Funding mechanism/agreement in place Original O&M cost estimate _____ <input type="checkbox"/> Breakdown attached
Total annual cost by year for review period if available	
From _____ To _____	_____ <input type="checkbox"/> Breakdown attached
Date Date	Total cost
From _____ To _____	_____ <input type="checkbox"/> Breakdown attached
Date Date	Total cost
From _____ To _____	_____ <input type="checkbox"/> Breakdown attached
Date Date	Total cost
From _____ To _____	_____ <input type="checkbox"/> Breakdown attached
Date Date	Total cost
3.	<p>Unanticipated or Unusually High O&M Costs During Review Period</p> Describe costs and reasons: _____ _____ _____ _____ _____
V. ACCESS AND INSTITUTIONAL CONTROLS <input checked="" type="checkbox"/> Applicable <input type="checkbox"/> N/A	
A. Fencing	
1.	<p>Fencing damaged <input type="checkbox"/> Location shown on site map <input type="checkbox"/> Gates secured <input type="checkbox"/> N/A</p> Remarks: _____ _____
B. Other Access Restrictions	
1.	<p>Signs and other security measures <input type="checkbox"/> Location shown on site map <input type="checkbox"/> N/A</p> Remarks: <u>Twenty-four hour site security with video surveillance</u>

C. Institutional Controls (ICs)			
1.	Implementation and enforcement		
	Site conditions imply ICs not properly implemented	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
	Site conditions imply ICs not being fully enforced	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
	Type of monitoring (e.g, self-reporting, drive by) <u>None required</u>		
	Frequency _____		
	Responsible party/agency _____		
	Contact _____		
	Name	Title	Date Phone no.
	Reporting is up-to-date <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
	Reports are verified by the lead agency <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
	Specific requirements in deed or decision documents have been met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	Violations have been reported <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
	Other problems or suggestions: <input type="checkbox"/> Report attached		
	Remarks : <u>Institutional control prohibits the extraction of groundwater onsite for beneficial usage without approval of the Regional Water Quality Control Board. No groundwater extraction for beneficial usage has occurred onsite.</u>		
2.	Adequacy	<input checked="" type="checkbox"/> ICs are adequate	<input type="checkbox"/> ICs are inadequate <input type="checkbox"/> N/A
	Remarks: <u>The deed restriction adequately prevents direct exposure to contaminated groundwater</u>		
D. General			
1.	Vandalism/trespassing	<input type="checkbox"/> Location shown on site map	<input checked="" type="checkbox"/> No vandalism evident
	Remarks _____		
2.	Land use changes on site	<input type="checkbox"/> Applicable	<input checked="" type="checkbox"/> N/A
	Remarks _____		
3.	Land use changes off site	<input checked="" type="checkbox"/> Applicable	<input type="checkbox"/> N/A
	Remarks: <u>Former industrial facility located directly east of Applied Materials, across Bowers Avenue, has been converted to a church.</u>		
VI. GENERAL SITE CONDITIONS			
A. Roads <input checked="" type="checkbox"/> Applicable <input type="checkbox"/> N/A			
1.	Roads damaged	<input type="checkbox"/> Location shown on site map	<input checked="" type="checkbox"/> Roads adequate <input type="checkbox"/> N/A
	Remarks: <u>Roads leading to site and parking lot are not damaged.</u>		

B. Other Site Conditions		
Remarks _____ _____ _____ _____ _____		
VII. LANDFILL COVERS <input type="checkbox"/> Applicable <input checked="" type="checkbox"/> N/A		
A. Landfill Surface		
1.	Settlement (Low spots) Areal extent _____ Depth _____ Remarks _____	<input type="checkbox"/> Location shown on site map <input type="checkbox"/> Settlement not evident
2.	Cracks Lengths _____ Widths _____ Depths _____ Remarks _____	<input type="checkbox"/> Location shown on site map <input type="checkbox"/> Cracking not evident
3.	Erosion Areal extent _____ Depth _____ Remarks _____	<input type="checkbox"/> Location shown on site map <input type="checkbox"/> Erosion not evident
4.	Holes Areal extent _____ Depth _____ Remarks _____	<input type="checkbox"/> Location shown on site map <input type="checkbox"/> Holes not evident
5.	Vegetative Cover <input type="checkbox"/> Grass <input type="checkbox"/> Cover properly established <input type="checkbox"/> No signs of stress <input type="checkbox"/> Trees/Shrubs (indicate size and locations on a diagram) Remarks _____	
6.	Alternative Cover (armored rock, concrete, etc.) <input type="checkbox"/> N/A Remarks _____	
7.	Bulges Areal extent _____ Height _____ Remarks _____	<input type="checkbox"/> Location shown on site map <input type="checkbox"/> Bulges not evident
8.	Wet Areas/Water Damage <input type="checkbox"/> Wet areas <input type="checkbox"/> Location shown on site map Areal extent _____ <input type="checkbox"/> Ponding <input type="checkbox"/> Location shown on site map Areal extent _____ <input type="checkbox"/> Seeps <input type="checkbox"/> Location shown on site map Areal extent _____ <input type="checkbox"/> Soft subgrade <input type="checkbox"/> Location shown on site map Areal extent _____ Remarks _____	

9.	Slope Instability	<input type="checkbox"/> Slides	<input type="checkbox"/> Location shown on site map	<input type="checkbox"/> No evidence of slope instability
Areal extent _____				
Remarks _____				
<hr/>				
B. Benches <input type="checkbox"/> Applicable <input type="checkbox"/> N/A				
(Horizontally constructed mounds of earth placed across a steep landfill side slope to interrupt the slope in order to slow down the velocity of surface runoff and intercept and convey the runoff to a lined channel.)				
1.	Flows Bypass Bench	<input type="checkbox"/> Location shown on site map	<input type="checkbox"/> N/A or okay	
Remarks _____				
2.	Bench Breached	<input type="checkbox"/> Location shown on site map	<input type="checkbox"/> N/A or okay	
Remarks _____				
3.	Bench Overtopped	<input type="checkbox"/> Location shown on site map	<input type="checkbox"/> N/A or okay	
Remarks _____				
<hr/>				
C. Letdown Channels <input type="checkbox"/> Applicable <input type="checkbox"/> N/A				
(Channel lined with erosion control mats, riprap, grout bags, or gabions that descend down the steep side slope of the cover and will allow the runoff water collected by the benches to move off of the landfill cover without creating erosion gullies.)				
1.	Settlement	<input type="checkbox"/> Location shown on site map	<input type="checkbox"/> No evidence of settlement	
Areal extent _____ Depth _____				
Remarks _____				
2.	Material Degradation	<input type="checkbox"/> Location shown on site map	<input type="checkbox"/> No evidence of degradation	
Material type _____ Areal extent _____				
Remarks _____				
3.	Erosion	<input type="checkbox"/> Location shown on site map	<input type="checkbox"/> No evidence of erosion	
Areal extent _____ Depth _____				
Remarks _____				

4.	Undercutting	<input type="checkbox"/> Location shown on site map	<input type="checkbox"/> No evidence of undercutting
	Areal extent _____	Depth _____	
	Remarks _____		
<hr/>			
5.	Obstructions	Type _____	<input type="checkbox"/> No obstructions
	<input type="checkbox"/> Location shown on site map	Areal extent _____	
	Size _____		
	Remarks _____		
<hr/>			
6.	Excessive Vegetative Growth	Type _____	
	<input type="checkbox"/> No evidence of excessive growth		
	<input type="checkbox"/> Vegetation in channels does not obstruct flow		
	<input type="checkbox"/> Location shown on site map	Areal extent _____	
	Remarks _____		
<hr/>			
D. Cover Penetrations <input type="checkbox"/> Applicable <input type="checkbox"/> N/A			
<hr/>			
1.	Gas Vents	<input type="checkbox"/> Active	<input type="checkbox"/> Passive
	<input type="checkbox"/> Properly secured/locked	<input type="checkbox"/> Functioning	<input type="checkbox"/> Routinely sampled
	<input type="checkbox"/> Evidence of leakage at penetration	<input type="checkbox"/> Needs Maintenance	<input type="checkbox"/> Good condition
	<input type="checkbox"/> N/A		
	Remarks _____		
<hr/>			
2.	Gas Monitoring Probes	<input type="checkbox"/> Functioning	<input type="checkbox"/> Routinely sampled
	<input type="checkbox"/> Properly secured/locked	<input type="checkbox"/> Needs Maintenance	<input type="checkbox"/> Good condition
	<input type="checkbox"/> Evidence of leakage at penetration	<input type="checkbox"/> N/A	
	Remarks _____		
<hr/>			
3.	Monitoring Wells (within surface area of landfill)	<input type="checkbox"/> Functioning	<input type="checkbox"/> Routinely sampled
	<input type="checkbox"/> Properly secured/locked	<input type="checkbox"/> Needs Maintenance	<input type="checkbox"/> Good condition
	<input type="checkbox"/> Evidence of leakage at penetration	<input type="checkbox"/> N/A	
	Remarks _____		
<hr/>			
4.	Leachate Extraction Wells	<input type="checkbox"/> Functioning	<input type="checkbox"/> Routinely sampled
	<input type="checkbox"/> Properly secured/locked	<input type="checkbox"/> Needs Maintenance	<input type="checkbox"/> Good condition
	<input type="checkbox"/> Evidence of leakage at penetration	<input type="checkbox"/> N/A	
	Remarks _____		
<hr/>			
5.	Settlement Monuments	<input type="checkbox"/> Located	<input type="checkbox"/> Routinely surveyed
	<input type="checkbox"/> N/A		
	Remarks _____		
<hr/>			

E. Gas Collection and Treatment		<input type="checkbox"/> Applicable	<input type="checkbox"/> N/A
1.	Gas Treatment Facilities	<input type="checkbox"/> Flaring	<input type="checkbox"/> Thermal destruction
		<input type="checkbox"/> Good condition	<input type="checkbox"/> Needs Maintenance
	Remarks _____		<input type="checkbox"/> Collection for reuse

2.	Gas Collection Wells, Manifolds and Piping	<input type="checkbox"/> Good condition	<input type="checkbox"/> Needs Maintenance
	Remarks _____		

3.	Gas Monitoring Facilities (e.g., gas monitoring of adjacent homes or buildings)	<input type="checkbox"/> Good condition	<input type="checkbox"/> Needs Maintenance
	Remarks _____	<input type="checkbox"/> N/A	

F. Cover Drainage Layer		<input type="checkbox"/> Applicable	<input type="checkbox"/> N/A
1.	Outlet Pipes Inspected	<input type="checkbox"/> Functioning	<input type="checkbox"/> N/A
	Remarks _____		

2.	Outlet Rock Inspected	<input type="checkbox"/> Functioning	<input type="checkbox"/> N/A
	Remarks _____		

<input type="checkbox"/> Detention/Sedimentation Ponds		<input type="checkbox"/> Applicable	<input type="checkbox"/> N/A
1.	Siltation Areal extent _____	Depth _____	<input type="checkbox"/> N/A
	<input type="checkbox"/> Siltation not evident		
	Remarks _____		

2.	Erosion Areal extent _____	Depth _____	
	<input type="checkbox"/> Erosion not evident		
	Remarks _____		

3.	Outlet Works	<input type="checkbox"/> Functioning	<input type="checkbox"/> N/A
	Remarks _____		

4.	Dam	<input type="checkbox"/> Functioning	<input type="checkbox"/> N/A
	Remarks _____		

H. Retaining Walls		<input type="checkbox"/> Applicable	<input type="checkbox"/> N/A
1.	Deformations	<input type="checkbox"/> Location shown on site map	<input type="checkbox"/> Deformation not evident
	Horizontal displacement_____	Vertical displacement_____	
	Rotational displacement_____		
	Remarks_____		

2.	Degradation	<input type="checkbox"/> Location shown on site map	<input type="checkbox"/> Degradation not evident
	Remarks_____		

I. Perimeter Ditches/Off-Site Discharge		<input type="checkbox"/> Applicable	<input type="checkbox"/> N/A
1.	Siltation	<input type="checkbox"/> Location shown on site map	<input type="checkbox"/> Siltation not evident
	Areal extent_____	Depth_____	
	Remarks_____		

2.	Vegetative Growth	<input type="checkbox"/> Location shown on site map	<input type="checkbox"/> N/A
	<input type="checkbox"/> Vegetation does not impede flow		
	Areal extent_____	Type_____	
	Remarks_____		

3.	Erosion	<input type="checkbox"/> Location shown on site map	<input type="checkbox"/> Erosion not evident
	Areal extent_____	Depth_____	
	Remarks_____		

4.	Discharge Structure	<input type="checkbox"/> Functioning	<input type="checkbox"/> N/A
	Remarks_____		

VIII. VERTICAL BARRIER WALLS		<input type="checkbox"/> Applicable	<input checked="" type="checkbox"/> N/A
1.	Settlement	<input type="checkbox"/> Location shown on site map	<input type="checkbox"/> Settlement not evident
	Areal extent_____	Depth_____	
	Remarks_____		

2.	Performance Monitoring	Type of monitoring_____	
	<input type="checkbox"/> Performance not monitored		
	Frequency_____	<input type="checkbox"/> Evidence of breaching	
	Head differential_____		
	Remarks_____		

C. Treatment System		<input type="checkbox"/> Applicable	<input checked="" type="checkbox"/> N/A
1.	Treatment Train (Check components that apply) <input type="checkbox"/> Metals removal <input type="checkbox"/> Oil/water separation <input type="checkbox"/> Bioremediation <input type="checkbox"/> Air stripping <input type="checkbox"/> Carbon adsorbers <input type="checkbox"/> Filters _____ <input type="checkbox"/> Additive (e.g., chelation agent, flocculent) _____ <input type="checkbox"/> Others _____ <input type="checkbox"/> Good condition <input type="checkbox"/> Needs Maintenance <input type="checkbox"/> Sampling ports properly marked and functional <input type="checkbox"/> Sampling/maintenance log displayed and up to date <input type="checkbox"/> Equipment properly identified <input type="checkbox"/> Quantity of groundwater treated annually _____ <input type="checkbox"/> Quantity of surface water treated annually _____ Remarks _____ _____		
2.	Electrical Enclosures and Panels (properly rated and functional) <input type="checkbox"/> N/A <input type="checkbox"/> Good condition <input type="checkbox"/> Needs Maintenance Remarks _____ _____		
3.	Tanks, Vaults, Storage Vessels <input type="checkbox"/> N/A <input type="checkbox"/> Good condition <input type="checkbox"/> Proper secondary containment <input type="checkbox"/> Needs Maintenance Remarks _____ _____		
4.	Discharge Structure and Appurtenances <input type="checkbox"/> N/A <input type="checkbox"/> Good condition <input type="checkbox"/> Needs Maintenance Remarks _____ _____		
5.	Treatment Building(s) <input type="checkbox"/> N/A <input type="checkbox"/> Good condition (esp. roof and doorways) <input type="checkbox"/> Needs repair <input type="checkbox"/> Chemicals and equipment properly stored Remarks _____ _____		
6.	Monitoring Wells (pump and treatment remedy) <input type="checkbox"/> Properly secured/locked <input type="checkbox"/> Functioning <input type="checkbox"/> Routinely sampled <input type="checkbox"/> Good condition <input type="checkbox"/> All required wells located <input type="checkbox"/> Needs Maintenance <input type="checkbox"/> N/A Remarks _____ _____		
D. Monitoring Data			
•	1. Monitoring Data	<input checked="" type="checkbox"/> Is routinely submitted on time	<input checked="" type="checkbox"/> Is of acceptable quality
•	2. Monitoring data suggests:	<input checked="" type="checkbox"/> Groundwater plume is effectively contained	<input checked="" type="checkbox"/> Contaminant concentrations are declining

D. Monitored Natural Attenuation			
1.	Monitoring Wells (natural attenuation remedy)	<input type="checkbox"/> Properly secured/locked	<input checked="" type="checkbox"/> Functioning
		<input checked="" type="checkbox"/> All required wells located	<input checked="" type="checkbox"/> Needs Maintenance
		<input checked="" type="checkbox"/> Routinely sampled	<input checked="" type="checkbox"/> Good condition
			<input type="checkbox"/> N/A
Remarks: <u>Four of the monitoring wells (AM1-3, AMI-7, AM1-5E, and AM1-6) were in well boxes marked "Water" and were not secured by bolts. Two of the wells (AM1-5E and AM1-11) had well casings that were not locked. The flush mount covering of well AM1-3 was slightly damaged. All wells contained some standing water indicating a poor seal around the flush mount cover. AM1-5E also did not have a well cap due to the presence of a dedicated pump and therefore was only covered with tape.</u>			
X. OTHER REMEDIES			
If there are remedies applied at the site which are not covered above, attach an inspection sheet describing the physical nature and condition of any facility associated with the remedy. An example would be soil vapor extraction.			
XI. OVERALL OBSERVATIONS			
A. Implementation of the Remedy			
Describe issues and observations relating to whether the remedy is effective and functioning as designed. Begin with a brief statement of what the remedy is to accomplish (i.e., to contain contaminant plume, minimize infiltration and gas emission, etc.).			
<u>The remedy of long term monitoring is adequately effective in monitoring the concentrations of the groundwater plume.</u>			
B. Adequacy of O&M			
Describe issues and observations related to the implementation and scope of O&M procedures. In particular, discuss their relationship to the current and long-term protectiveness of the remedy.			
<u>No O&M activities are currently being performed as the extraction system has been removed.</u>			

<p>C. Early Indicators of Potential Remedy Problems</p> <p>Describe issues and observations such as unexpected changes in the cost or scope of O&M or a high frequency of unscheduled repairs, that suggest that the protectiveness of the remedy may be compromised in the future.</p> <p><u>No issues were observed that may indicate a remedy problem.</u></p>
<p>D. Opportunities for Optimization</p> <p>Describe possible opportunities for optimization in monitoring tasks or the operation of the remedy.</p> <p><u>All monitoring wells should be secured with padlocks on well casings and bolts on well box covers to maintain security of the wells. The seals should be replaced on wells showing signs of rain water infiltration.</u></p> <p><u>The provided site map did not accurately indicate the location of the monitoring wells. The monitoring wells should be surveyed by a licensed surveyor to show the exact location of the wells to create an accurate site map and to meet the requirements of Geotracker.</u></p>