

# Landfill Leachate Collection Area Inspection Form

Landfill Site Name:

Inspection Date:

Inspector Name:

Weather Conditions:

Inspection Item	Condition	Comments
Collection Sump Free of Obstructions	<input type="checkbox"/>	<input type="text"/>
Leachate Pump Operating Correctly	<input type="checkbox"/>	<input type="text"/>
Pipes & Fittings Intact (No Leaks)	<input type="checkbox"/>	<input type="text"/>
Storage Tank/Structure Intact	<input type="checkbox"/>	<input type="text"/>
Secondary Containment Secure	<input type="checkbox"/>	<input type="text"/>
Access Road/Paths Clear	<input type="checkbox"/>	<input type="text"/>
Safety Equipment Present	<input type="checkbox"/>	<input type="text"/>

General Comments/Findings:

Corrective Actions Taken (if any):

Inspector Signature: \_\_\_\_\_

Date: \_\_\_\_\_