

Oklahoma Department of Environmental Quality

Solid Waste Composting Facility Inspection Report

Permit No. _____

County _____

Name of Facility _____ Owner/Operator _____ Phone _____

Facility Mailing Address _____ City _____ Zip Code _____

OAC 252:520		Item	Non-Critical	Critical	Remarks
Permit Conditions	1-5, 3-1, & Permit	1			
Restricted Zones	5-4	2			
Leachate/Water Management	5-6	3			
Public Access Control	13-3(1)	4			
Acceptable Wastes	13-3(2)	5			
Measuring Waste	13-3(3)	6			
Litter Control	13-3(4)	7			
Receiving Area	13-3(5)	8			
Processing Area	13-3(6)	9			
Composting Area	13-3(7)	10			
Windrow Turning	13-3(8)	11			
Invesal Composting	13-3(9)	12			
Temperature Monitoring	13-3(10)	13			
Curing Area	13-3(11)	14			
Other Wastes	13-3(12)	15			
Dust Control	13-3(13)	16			
Odor Control	13-3(14)	17			
Accident Prevention/Safety	13-3(15)	18			
Air Quality Criteria	13-3(16)	19			
Disease Vector Control	13-3(17)	20			
Sfc. Water Protection	13-3(18) & (19)	21			
Biosolids	13-3(20)	22			
Recordkeeping & Reporting	13-3(21-23)	23			
Closure	13-3(24)	24			

Inspection Type

- Routine Full Compliance (All inspection form items must be inspected)
 Routine Limited (Circle item numbers inspected)
 NOV Follow-up (NOV Date _____)
 (Circle item numbers inspected)
 Order Follow-up (Order Date _____)
 (Circle item numbers inspected)
 Complaint Investigation (Complaint # _____)
 (Circle item numbers inspected)

Operating Status

- Preoperational
 Active
 Closed (Date _____)
 (Date entered post-closure, if required _____)
 Idle (520-3-14(c))
 Suspended via Enforcement

Action

- None*
 Notice to Comply
 Refer to Legal Staff
 * Use only when no violations are present

ECLS Inspector _____

SWCU Inspector _____

Date _____