

ATTACHMENT 2
INSPECTION REQUIREMENTS

**FORM EQP 5111 ATTACHMENT MODULE A5
INSPECTION REQUIREMENTS**

This document is an attachment to the Department of Natural Resources and Environment's Instructions for Completing Form EQP 5111, Hazardous Waste Treatment, Storage, and Disposal Facilities Construction Permit and Operating License Application Form. See Form EQP 5111 for details on how to use this attachment.

The administrative rules promulgated pursuant to Part 111, Hazardous Waste Management, of Michigan's Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (Act 451), being R 299.9504, R 299.9508, R 299.9605 and Title 40 of the Code of Federal Regulations (CFR) §§264.15 and 270.14(b)(5), establish requirements for inspections at hazardous waste management facilities. All references to 40 CFR citations specified herein are adopted by reference in R 299.11003.

This license application module addresses requirements for inspections at the following hazardous waste management facility: Dow Corning Corporation in Midland, Michigan.
(Check as appropriate)

- Operating License applicant
 Construction Permit applicant

This module is organized as follows:

INTRODUCTION

- A5.A WRITTEN SCHEDULE
 A5.A.1 Types of Problems
 A5.A.2 Frequency of Inspection
A5.B REMEDY SCHEDULE
A5.C INSPECTION LOG OR SUMMARY

List of Appendices

- Appendix A5-1 Facility Inspection Logs

INTRODUCTION

The Dow Corning Corporation (Dow Corning) facility structures and equipment are inspected routinely by plant personnel, to identify malfunctions, deterioration, operator errors, discharges and any other situations which may lead to the release of hazardous waste constituents into the environment or a threat to human health.

An "Inspection Log" has been developed for use during facility inspections. This form specifies the areas to be inspected, the frequency of inspection, and the type of problems to look for. The inspector, when identifying a problem, is required to specify the type of problem and the required corrective action and time frame for completion of the corrective action. Completed inspection logs are kept at the facility's records retention room for a minimum of 3 years. The types of problems that are looked for during the inspection in each area of the facility are outlined in Section A5.A.1, along with the inspection frequency. Copies of the Inspection Logs can be found in Appendix A5-1.

A5.A WRITTEN SCHEDULE

[R 299.9605 and 40 CFR §264.15(b)(1)]

To meet the inspection requirements a written schedule for inspecting monitoring equipment, safety and emergency equipment, security devices, and operating and structural equipment (e.g., as dikes and sump pumps) that are important to preventing, detecting, or responding to environmental or human health hazards is developed and followed. This written inspection schedule is kept at the facility's records retention room.

A5.A.1 Types of Problems

[R 299.9605 and 40 CFR §264.15(b)(3)]

A5. A.1 (a) General Facility Inspection [40 CFR 270.14(b), 264.15(b), MAC R 299.9605(1)]

The general facility inspection is performed weekly and includes checking the condition of the following items:

- Fence and gates: In good condition.
- Warning signs: In place, legible from 25 feet.
- 800 Block spill pond and liner: No gaps or tears, no debris, kept as empty as practically possible.
- 800 Block spill control trenches: No cracks, debris, gaps in coating.
- Run-on/run-off control berms and ditches: No erosion, debris, vegetation, other blockage.
- Landfill leachate collection system: Leachate flowing, no blocked (also inspected after storms).
- Spill control equipment: Shovels, pumps, sufficient absorbent in stock.

- Safety equipment and personal protective equipment (PPE): Fire extinguishers in place, PPE clean and ready for use, self contained breathing apparatus (SCBAs) filled.
- Communications and alarm systems: Telephones and portable radios in good working order, safety/shower eyewash alarms working.
- Container loading/unloading dock area secondary containment: No cracks or gaps (inspected daily when in use).

The results of these inspections are recorded on inspection log sheets, examples of which are provided in Appendix A5-1, "Facility Inspection Logs". Alternatively, Dow Corning may record this same information in electronic format at some time in the future, rather than on paper.

A5. A.1 (b) Inspection of Container Storage Areas [40 CFR 270.14(b), 264.15(b), 264.174, MAC R 299.9605(1)]

The facility container storage areas are inspected daily, at a minimum, for the following items:

- Container storage area secondary containment: No cracks, no gaps, and floor coating in good condition.
- Container condition: No leaking, rusted, dented or bulging containers, containers kept closed except to add or remove wastes, containers properly labeled, labels turned toward aisle for ease of inspection.
- Container storage area: Adequate aisle space (minimum 3 feet), not blocked.

The results of these inspections are recorded on inspection log sheets, examples of which are provided in Appendix A5-1. Alternatively, Dow Corning may record this same information in electronic format at some time in the future, rather than on paper.

A5. A.1 (c) Inspection of Tank Storage [40 CFR 270.14(b), 264.15(b), 264.195, MAC R 299.9605(1)]

The facility hazardous waste storage tanks and ancillary equipment, and tank farm secondary containment structures are inspected daily for the following items:

- Secondary containment: No cracks, no gaps in coating.
- Tanks: No leaks or gaps in seams or connections, no bulging, no visible corrosion, and grounding cables in place.
- Ancillary equipment: No leaks at pumps, valves, vents, gauges, and connections.
- Ancillary equipment: Nitrogen blanket regulators and gauges working and nitrogen flow and pressure within proper ranges.

The results of these inspections are recorded on inspection log sheets, examples of which are provided in Appendix A5-1. Alternatively, Dow Corning may record this same information in electronic format at some time in the future, rather than on paper.

A5. A.1 (d) Inspection of Landfill [40 CFR 270.14(b), 264.15(b), 264.303, MAC R 299.9605(1)]

The facility hazardous waste landfill is inspected daily for the following items:

- Active cells: Minimum of 6 inches daily cover maintained.
- Active cells: Maximum of 1,000 square feet of exposed waste at any time.
- Sidewalls: No gaps, no material leaking from cells.

The results of these inspections are recorded on inspection log sheets, examples of which are provided in Appendix A5-1. Alternatively, Dow Corning may record this same information in electronic format at some time in the future, rather than on paper.

A5. A.1 (e) Inspection to Comply with Subparts AA Air Emissions Standards

There are no hazardous waste management units at this facility subject to the requirements of 40 CFR 264, Subpart AA.

A5. A.1 (f) Inspection to Comply with Subparts BB Air Emissions Standards

All hazardous waste tanks and ancillary equipment at this facility are in contact with hazardous wastes containing organic compounds at concentrations greater than 10 percent by weight for more than 300 hours per year and are not in vacuum service. All pumps, pressure relief devices, sampling connections, open-ended valves and lines, and valves in hazardous waste service are therefore subject to the requirements of RCRA Subpart BB except for those valves, connectors and relief devices which are part of a tank cover and are therefore subject to Subpart CC requirements instead. Each piece of equipment to which these requirements apply has been marked with an identification number so it can be readily distinguished from other equipment.

1. Pumps [40 CFR 264.1052]

Single Mechanical Seal Pumps [40 CFR 264.1052(a)-(c)]

Each pump is monitored monthly using U.S. EPA Method 21, with an instrument reading of 10,000 ppm or greater above background taken as indicating a leak. When a leak is detected an initial attempt at repair is made within five calendar days, with final repair or replacement within 15 calendar days after detection.

Double Mechanical Seal Pumps with Barrier Fluid [40 CFR 264.1052(a)-(d)]

Each pump is visually inspected each calendar week for indications of liquids dripping from the pump seal. If the visual inspection of the pump shows liquid dripping from the pump seal, or if the daily inspection of the barrier fluid level shows a sudden loss of fluid, or if the barrier fluid pressure or level alarm indicator is activated, a leak is detected. When a leak is detected an initial attempt at repair is made within five calendar days, with final repair or replacement within 15 calendar days after detection.

Magnetic Drive Pumps [40 CFR 264.1052(e), 264.1064(g)(2)] & Sealed Pumps [40 CFR 264.1052(e), 264.1064(g)(2)]

Pumps designated for no detectable emissions are monitored when they are first installed and then at least annually thereafter. If this monitoring shows an instrument reading of greater than 500 ppm above background an initial attempt at repair is made within five calendar days, with final repair or replacement within 15 calendar days after detection.

2. Pressure Relief Devices in Gas/Vapor Service [40 CFR 264.1054]

The hazardous waste storage tank emergency relief vents are in gas vapor service because they are in contact with the vapor spaces of the hazardous waste storage tanks. These devices are monitored within five calendar days after each pressure release using U.S. EPA Method 21. An instrument reading of 500 ppm or greater above background will be taken as indicating a leak and a first attempt at repair will be made within five calendar days, with final repair or replacement within 15 calendar days.

3. Open-Ended Valves and Lines [40 CFR 264.1056]

Each open ended valve and line is equipped with a cap, blind flange, plug, or a second valve. A cap, blind flange or plug is only removed during operations requiring flow of hazardous wastes through the open-ended line. Where an open-ended valve is equipped with a second valve, the valve on the hazardous waste end of the line is closed before closing the second valve.

4. Valves in Gas/Vapor and Light Liquid Service [40 CFR 264.1057, 264.1061, 264.1062]

All valves in hazardous waste service at this facility are in gas/vapor or light liquid service. Each valve is monitored for leaks using U.S. EPA Method 21, with an instrument reading of 10,000 ppm or greater above background taken as indicating the presence of a leak. Each valve is monitored monthly when initially installed or after repair. Then, if no leak is detected for two consecutive months the valve is monitored the first month of every successive quarter thereafter. If leaks are detected in two percent or fewer of the monitored valves for two consecutive quarters then monitoring is performed every six months. If leaks are detected in two percent or fewer of the monitored valves for five consecutive quarters (e.g., after two monthly monitoring periods then skipping one month,

followed by two quarterly monitoring periods, followed by one six month monitoring period, for a total time of five quarters) then the monitoring is performed annually.

If at any time during this sequence of monitoring greater than two percent of the valves are found to be leaking, as defined by an instrument reading of 10,000 ppm or greater above background, all valves in hazardous waste service at the facility are returned to the original monthly monitoring schedule and the sequence of progressively longer monitoring periods is begun again. Whenever a leak is detected this is noted in the facility inspection log and an initial attempt at repair is made within five calendar days and the valve is monitored again within five calendar days of the repair attempt. If the initial attempt at repair is not successful, a final repair or replacement is made within 15 calendar days of the initial leak detection and the repaired or replaced valve is monitored within five calendar days following the final repair or replacement.

5. Pressure Relief Devices in Light Liquid or Heavy Liquid Service [40 CFR 264.1058]

Pressure relief devices in light liquid service at this facility are monitored within five calendar days using U.S. EPA Method 21 if any visual, audible, olfactory, or other indication of a leak is observed. If this monitoring results in an instrument reading of 10,000 ppm above background or greater a leak is indicated and a first attempt at repair is made as soon as practicable, but no later than five calendar days after detection. If this initial attempt at repair is not successful a final repair or replacement is made within 15 calendar days after detection.

6. Flanges and Other Connectors [40 CFR 264.1058]

Flanges and other connectors are visually inspected daily as part of the facility inspection schedule. If a leak is detected in any flange or other connector, the unit is monitored within five calendar days using U.S. EPA Method 21. If this monitoring results in an instrument reading of 10,000 ppm above background or greater a leak is indicated and a first attempt at repair is made as soon as practicable, but no later than five calendar days after detection. If this initial attempt at repair is not successful a final repair or replacement is made within 15 calendar days after detection.

A5. A.1 (g) Inspection to Comply with Subparts CC Air Emissions Standards

Nearly all wastes stored and/or treated at this facility contain volatile organic concentrations greater than or equal to 500 parts per million by weight (ppmw), based on knowledge of the waste and the generating processes as documented in the materials documentation database system. Dow Corning therefore has determined that all hazardous wastes managed at this facility are subject to the requirements of RCRA Subpart CC. Containers stored in the container storage areas and the hazardous waste storage tanks are all considered to be in "light material service".

1. Inspection of Containers [40 CFR 1086(c)(4)]

All containers of wastes received at this facility are visually inspected when they first arrive for visible cracks, gaps, holes or other openings to the interior of the container. No containers of hazardous waste are stored longer than one year, so the requirement for re-inspection after 12 months is not applicable to this facility. However, the container storage areas are inspected daily; this includes visual inspection of the containers in storage for gaps, leaks, or signs of damage or deterioration.

When a defect is detected in a container by visual inspection a first effort at repair is made within five calendar days, or the container is placed in a suitable overpack which meets applicable U.S. DOT requirements, or the waste is transferred to another container in good condition. If repair is attempted and cannot be made within five calendar days the waste is removed from the container and transferred to a container in good condition, and the defective container is not used for hazardous waste service unless and until adequate repair can be made.

2. Air Emission Control Inspection [40 CFR 264.1084(4), 264.1088]

The six hazardous waste storage tanks at this facility were subjected to an initial inspection prior to their installation, to ensure that there were no cracks, gaps, leaks, or damaged seals, and that all closure devices and relief vents operated properly. The waste storage tanks are inspected daily whenever they contain hazardous wastes. This inspection includes checking for leaks both visually and by checking the tank pressure gauge to ensure that the nitrogen blanket is being maintained. The inspection records include the following information:

- Tank identification number for each tank inspected.
- Date of inspection.
- Location and description of any defects found during the inspection.
- Corrective action taken to repair the defect and the date of the repair.
- If the repair is delayed, the reason for the delay.

Records are maintained of these inspections, and of the determination of the vapor pressure of the wastes stored in the tanks, for a minimum of three years.

A5.A.2 Frequency of Inspection

[R 299.9605 and 40 CFR §§264.15(b)(4), 264.174, 264.193, 264.195, 264.226, 264.254, 264.278, 264.303, 264.347, 264.602, 264.1033, 264.1052, 264.1053, 264.1058, and 264.1083 through 264.1089, where applicable]

The inspection schedules for specific items will be as follows:

1. General Facility – Weekly
2. Container Storage Areas – Daily

3. Tank Storage – Daily
4. Landfill – Daily
5. Subparts BB Air Emissions Standards – Varies from weekly to annually. See Section A5. A.1 (g) above for details.
6. Subparts BB Air Emissions Standards – Containers: Daily and Tanks: Daily.
7. Subparts CC Air Emissions Standards – Containers: Daily and Tanks: Annually.

At a minimum the inspection schedule will include the items listed above in this module.

A5.B REMEDY SCHEDULE

[R 299.9605 and 40 CFR §264.15(c)]

If inspections reveal that non-emergency attention is needed, the maintenance will be completed as soon as possible to preclude further damage and reduce the need for emergency repairs. If a hazard is imminent or has already occurred, as revealed during the course of an inspection or at any time between inspections, remedial action will be implemented immediately. If indicated by the situation, Dow Corning personnel will notify the appropriate authorities as described in the Contingency Plan (Module A7). In the event of an emergency involving the release of hazardous constituents to the environment, response efforts will be directed towards containing the hazard, removing it if necessary, and decontaminating any affected area according to the procedures outlined in the Contingency Plan.

During an inspection of the facility, if a tank or container holding hazardous wastes is found to be in poor condition, (such as apparent structural defects or evident corrosion and leakage) the hazardous waste will be transferred to another tank or container in good condition. In the case of a drum, the hazardous waste will be transferred to, and contained within, a salvage/recovery drum or a replacement drum.

A5.C INSPECTION LOG OR SUMMARY

[R 299.9605 and 40 CFR §264.15(d)]

Inspection records are maintained at the facility for three years. In addition to logging the condition of various equipment or systems, space is provided on the form to comment on specific operations or problems observed and what action, if any, was taken. See Appendix A5-1 for the Facility Inspection Logs.

Appendix A5-1

Facility Inspection Logs

**Weekly Facility Inspection Log
Dow Corning Midland Licensed Hazardous Waste Facility
MID 000 809 632**

Instructions for Weekly Inspection Log, Page 1

Column Number:

1. **Date:** Write in the date of the inspection.
2. **Fences, gates, signs:** Are the facility fences, gates, barrier rope and warning signs in place and in good condition? Check if "OK", otherwise describe problems in Column 6.
3. **Spill pond & trenches:** Are the spill pond, the pond liner and the spill trenches in good condition and not cracked? Is there dirt and/or debris that needs to be removed; is the pond in need of draining? Maintain the spill pond as dry as possible. Are the drain valves closed when not in use? Check if "OK", otherwise describe problems in Column 6.
4. **Communications & alarms:** Are the telephones, radios, eyewash/safety shower alarms, lone operator alarms in place and functioning? (Test alarms weekly.) Check if "OK", otherwise describe problems in Column 6.
5. **Spill control & safety equipment:** Are there adequate absorbent materials, pads, booms and neutralizers in stock in 801 Building and the 809-N-1 Emergency Response Building? Is the skimmer trailer in place and ready for use? Are there shovels, chemical suits, gloves, respirators and goggles in stock? Check if "OK", otherwise describe problems in Column 6.
6. **Problems:** Describe any problems found.
7. **Corrective action:** If any problems were found, enter the date of corrective actions and what type of action was performed (e.g., removed debris from spill pond, spill trench crack filled). Use extra space below, if needed,
8. **Inspector:** Enter initials of person who performed inspection.

If extra space is needed to enter any information, write below:

**Daily Container Storage Inspection Log
Dow Corning Midland Licensed Hazardous Waste Facility
MID 000 809 632**

Instructions

Column Number:

1. **Date:** Write in the date of the inspection.
2. **Container storage area:** Are there any containers that are leaking, rusted, dented, or bulging? Are all containers kept closed except when adding or removing wastes? Are all containers properly labeled and the labels facing outward so they can be easily read? Is there at least a 3 foot aisle space between each double row of containers? Check if "OK", otherwise describe problems in Column 5.
3. **Secondary containment:** Is the secondary containment for the container storage and loading dock areas intact, with no cracks or gaps and the coating in good shape? Check if "OK", otherwise describe problems in Column 5.
4. **Spill control & safety equipment:** Is spill control equipment (shovels, empty drums) in place and adequate absorbant material in the container storage area? Are the required fire extinguishers in place in the container storage areas? Check if "OK", otherwise describe problems in Column 5.
5. **Problems - Describe and document incoming and outgoing containers:** Describe any problems found, and note the arrival and departure of containers from the facility. Also, incoming containers must be emptied of any hazardous waste present upon receipt within 24 hours and must be removed from the facility within one year. If either of these criteria are not met, then the container must be inspected initially and annually per 40 CFR §264.1086(c)(4).
6. **Corrective action:** If any of the above conditions were not acceptable, enter the date of corrective actions and what type of action was performed (e.g., repacked leaking drum, replaced depleted absorbant). Use extra space below, if needed,
7. **Inspector:** Enter initials of person who performed inspection.

If extra space is needed to enter any information, write below:

DOW CORNING

Daily Tank Farm Inspection Log - Licensed Hazardous Waste Facility

See back of sheet for instructions & extra space

Year: _____

1. Date	2. Tanks, pumps, piping, valves, vents, gauges, N ₂ blanket (working, no leaks)						3. Dike & pads	4. Water tanker	5. Safety Equip.	6. Scrubber flow	7. Problems - describe	8. Corrective action taken and date performed	9. Inspector initials
	19781	19782	19783	19784	19785	19786							
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			

DOW CORNING

**Daily Tank Farm Inspection Log
Dow Corning Midland Licensed Hazardous Waste Facility
MID 000 809 632**

Instructions

Column Number:

1. **Date:** Write in the date of the inspection.
2. **Tanks, pumps, piping, valves, vents, gauges, N₂ blanket:** For each tank— Are the tanks in good shape, with no dents or leaks? Is all ancillary equipment in good working order and not leaking, including piping, pumps, valves, tank vents, tank pressure gauges. If “Yes” to all these, then check “OK”, otherwise describe problems in Column 5.
3. **Dike & pads:** Are the tank farm pad and dike, and the tanker loading pads in good condition, the coating intact, no cracks or gaps? Is there any accumulated precipitation or waste from spillage that has not been removed within 24 hours? If “Yes” to all these, then check “OK”, otherwise describe problems in Column 5.
4. **Water tanker:** If there is a water tanker spotted on the tanker loading area adjacent to the tank farm, is it in good condition and not leaking, are all hatches and valves closed when not in use? Is the D.O.T. inspection current (within the past year)?
5. **Safety Equipment:** Are the required fire extinguishers in place (tested monthly)? Is the eyewash/safety shower accessible (tested weekly)? Is the overfill protection alarm in good working order? Are nitrogen blanket valves and regulators working properly? Is the nitrogen regulator set at least 5 psi above the relief valve? If “Yes” to all these, then check “OK”, otherwise describe problems in Column 5.
6. **Scrubber flow:** Is the water flow to the chlorosilane scrubber for tanks 19785 and 19786 at least 3 gpm at a pressure of at least 60 psig?
7. **Problems:** Describe any problems found.
8. **Corrective action:** If any problems were found, enter the date of corrective actions and what type of action was performed (e.g., replaced leaking pump). Use extra space on this side, if needed.
9. **Inspector:** Enter initials of person who performed inspection.

If extra space is needed to enter any information, write below and note date:

DOW CORNING

Annual Tank Fixed Roof Inspection Log - Licensed Hazardous Waste Facility

See back of sheet for instructions & extra space

Year: _____

1. Date	2. Tanks (working, no defects)						3. Defects - describe	4. Corrective action taken and dates of initiation and completion	5. Inspector initials
	19781	19782	19783	19784	19785	19786			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK			
	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK					

Annual Tank Fixed Roof Inspection Log
Dow Corning Midland Licensed Hazardous Waste Facility
MID 000 809 632

Instructions

Column Number:

1. **Date:** Write in the date of the inspection. The owner or operator shall perform an initial inspection of the fixed roof and its closure devices on or before the date that the tank becomes subject to this section. Thereafter, the owner or operator shall perform the inspections at least once every year.

Please note, the annual inspection timeline may be extended in the case when inspecting or monitoring the cover would expose a worker to dangerous, hazardous, or other unsafe conditions, then the owner or operator may designate a cover as an "unsafe to inspect and monitor cover" and 1) Prepare a written explanation for the cover stating the reasons why the cover is unsafe to visually inspect or to monitor, if required, and 2) Develop and implement a written plan and schedule to inspect and monitor the cover, using the procedures specified in the applicable section of this subpart, as frequently as practicable during those times when a worker can safely access the cover. In the case when a tank is buried partially or entirely underground, an owner or operator is required to inspect and monitor, as required by the applicable provisions of this section, only those portions of the tank cover and those connections to the tank (e.g., fill ports, access hatches, gauge wells, etc.) that are located on or above the ground surface.

2. **Tanks:** For each tank's fixed roof and associated closure devices, note the presence of any defects that could result in air emissions. Defects include, but are not limited to, visible cracks, holes, or gaps in the roof sections or between the roof and the tank wall; broken, cracked, or otherwise damaged seals or gaskets on closure devices; and broken or missing hatches, access covers, caps, or other closure devices. If no defects are found, then check "OK", otherwise describe defects in Column 3.
3. **Defects:** Describe any defects found.
4. **Corrective action taken and dates of initiation and completion:** If any problems were found, enter the date of the corrective action was initiated (must be initiated within 5 days of inspection) and completed (must be completed within 45 days of inspection) and what type of action was performed (e.g., replaced leaking pump). Use extra space on this side, if needed.

Please note, repair of a defect may be delayed beyond 45 calendar days if the owner or operator determines that repair of the defect requires emptying or temporary removal from service of the tank and no alternative tank capacity is available at the site to accept the hazardous waste normally managed in the tank. In this case, the owner or operator shall repair the defect the next time the process or unit that is generating the hazardous waste managed in the tank stops operation. Repair of the defect shall be completed before the process or unit resumes operation.

5. **Inspector:** Enter initials of person who performed inspection.

If extra space is needed to enter any information, write below and note date:

DOW CORNING

**Weekly Facility Inspection Log
Dow Corning Midland Licensed Hazardous Waste Facility
MID 000 809 632**

Instructions for Weekly Inspection Log, Page 1

Column Number:

1. **Date:** Write in the date of the inspection.
2. **Landfill cover & slopes:** Is there at least 6 inches of daily cover on the active cells, with no more than 1000 square feet of container tops exposed? Are the landfill sidewalls intact, with no gaps and no materials leaking out? Are the cover and slopes free of trash and debris? Check if "OK", otherwise describe problems in Column 5.
3. **Drainage ditch:** Is the landfill perimeter ditch free of dirt and debris, not eroded, overgrown or blocked? Check if "OK", otherwise describe problems in Column 5.
4. **Leachate Collection System:** Check the leachate metering manhole in 700 Block - is leachate flowing? Check if "OK", otherwise describe problems in Column 5.
5. **Problems:** Describe any problems found.
6. **Corrective action:** If any of the above conditions were not acceptable, enter the date of corrective actions and what type of action was performed (e.g., removed debris from spill pond, spill trench crack filled). Use extra space below, if needed.
7. **Inspector:** Enter initials of person who performed inspection.

If extra space is needed to enter any information, write below:

