

Figure 4-3

Palm Beach County Department of Environmental Resources Management
WELLFIELD PROTECTION COMPLIANCE REPORT

Inspector(s) _____ Date _____ ERM # _____

1. Permit No.: _____ Operating Closure Re-inspect Reduced Quantity

2. Facility Name: _____

3. Contact Person/Title: _____ Last Inspect: _____

4. REGULATED SUBSTANCES Change No Change Quantities Below Threshold

Name/description (L = liquid, S = solid)	Type	Amount	How is it used/stored	Change
_____	L S	_____	_____	I D
_____	L S	_____	_____	I D
_____	L S	_____	_____	I D
_____	L S	_____	_____	I D

PERMIT CONDITIONS

5. yes no Emergency Spill Response Plan
 yes no Staff Trained in Spill Response Procedures
 yes no Appropriate Waste Disposal
 yes no Emergency Equipment Onsite _____

6. yes no Daily Inspection Log _____

7. yes no N/A Quarterly Inspection Log _____

8. yes no Monitoring Well(s) Installed, Tested _____

9. yes no N/A Potable Well Monitoring _____

10. yes no N/A Containment of Regulated Substances _____

11. Evidence of Spills? yes no If yes, describe: _____

12. Out of Compliance, will reinspect in thirty days.

13. Comments: _____