

662 Site Inspection Checklist

Location or Project Name: _____

Address or Address Range: _____

City: _____

Potential Waste Source	Not Found	On Site	Nearby (Approx Dist)
Disposal Facility	_____	_____	_____
Dry Cleaners	_____	_____	_____
Gas Station	_____	_____	_____
Large Batteries or Transformers	_____	_____	_____
Chemical Drums	_____	_____	_____
Motor Repair Facility	_____	_____	_____
Paint Cans or Equipment	_____	_____	_____
Pesticide Containers	_____	_____	_____
Printing Facility or Equipment	_____	_____	_____
Spills, Foul or Fuel Odors	_____	_____	_____
Stained Soil	_____	_____	_____
Storage Tanks leaks	_____	_____	_____
Storage Tanks, above or below ground	_____	_____	_____
Vent/Fill Pipes protruding out of ground	_____	_____	_____
Pits, ponds, or lagoons being used for waste disposal	_____	_____	_____
Imported Soil Fill Onsite or Nearby	_____	_____	_____

Opinion of Inspector as to why site is not Potentially Impacted Property if Potential Waste Source is on site or nearby site.

pH Test Conducted No Yes - pH Result _____

(If yes, summarize sampling method and equipment used or attach certified lab results)

I, _____ certify that this inspection was performed on _____

(Signature of Inspector)

(Inspector Credentials / Qualifications)