

**Stoughton Landfill**  
**Materials Approvals Package Acceptance Checklist**  
*~ Please RETURN this check list with all the supporting information~*

**Required Facility BOL & LSP Opinion Letter Information:**

**Operator/Facility Name:** Stoughton Landfill      **Contact Person:** Ms. Rebecca Walsh  
**Title:** Consultant, Green Seal Environmental Inc      **Street:** 100 Page Street  
**City/Town:** Stoughton MA 01607      **Telephone#:** 508-888-6034  
**Type of Facility:** Landfill  
**Division of Solid Waste Management Permit#:** Landfill Closure ACOP SE0644006  
**Note: Incomplete submittals may result in additional administrative fees**

- |   | <b><u>Circle One</u></b> |
|---|--------------------------|
|   | Yes / No                 |
| 1. Laboratory Testing performed every 500 cubic yards.  | Yes / No                 |
| 2. LSP opinion letter that soil complies with DEP COMM-97-001.  | Yes / No                 |
| 3. Contaminated Soil lab analytical complies with DEP COMM-97-001.  | Yes / No                 |
| 4. Contaminated Soil other data complies with DEP COMM-97-001.  | Yes / No                 |
| 5. Quantity of Contaminated Soil is provided.   | Yes / No                 |
| 6. Description of source, type of release, and contaminants provided.   | Yes / No                 |
| 7. Description of current and former site usage/history is provided.  | Yes / No                 |
| 8. Chemical composition including laboratory data is provided.  | Yes / No                 |
| 9. Field screening data used to support chemical composition provided.  | Yes / No                 |
| 10. Physical description of soil is provided.   | Yes / No                 |
| 11. Soil classification method used is provided.  | Yes / No                 |
| 12. Site figure showing location of all soil samples in provided.   | Yes / No                 |
| 13. Data put into table form comparing all results to MA Landfill Criteria<br>(All sample results must be shown in Table form ) | Yes / No                 |
| 14. Is Conductivity addressed?  | Yes / No                 |
| 15. QA/QC is acceptable regarding the laboratory analytical.  | Yes / No                 |
| 16. Chain of Custody provided.  | Yes / No                 |
| 17. Signed & Stamped MSR/BOL is provided.   | Yes/ No                  |
| 18. Stoughton Landfill reuse form completed and signed.   | Yes / No                 |

Please explain in detail any item above which "No" has been circled for in the LSP opinion letter provided with the package for approval. Failure to provide the above information may result in the submittal being denied.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date