

**NM1-64**

**Milestone**

**Environmental**

**Services**

**2025 Annual Report**

**Approved 11/13/2025**



Milestone Environmental Services  
840 Gessner Rd., Suite 600  
Houston, Texas 77024

October 28, 2025

State of New Mexico  
Energy, Mineral, and Natural Resources Department  
Oil Conservation Division – Advanced Environmental Bureau  
Attn: Mr. Brad A. Jones, Environmental Scientist Specialist  
1220 S. Saint Francis Drive  
Santa Fe, New Mexico 87505  
Phone No. (505) 469-7486  
brad.a.jones@emnrd.nm.gov

**RE: Annual Report - 2025**  
**Milestone Environmental Services, LLC (OGRID No. 328435)**  
**Baeza SWD Commercial Waste Management Facility (Permit No. NM1-64)**  
**Unit H of Section 25, Township 24, Range 34 East NMPM**  
**1290 NM Highway 128**  
**Jal, Lea County, New Mexico 88252**

To whom it may concern:

**INTRODUCTION**

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Milestone Environmental Services, LLC ("Milestone"), OGRID Operator No. 328435, respectfully submits this Annual Report (the "Report") for the 2025 calendar year for the Baeza SWD Commercial Waste Management Facility, Unit H of Section 25, Township 24, Range 34 East NMPM at 1290 NM Highway 128 in Jal, Lea County, New Mexico (the "Facility"). This Report is being submitted in accordance with Permit Condition 2.D of Permit No. NM1-64 (the "Permit") effective March 6, 2020. Per Permit Condition 2.D, the Annual Report must be submitted to the New Mexico Oil Conservation Division ("NMOCD") each year by September 1 and provide information for the preceding year. This Report is being submitted for the reporting year ("RY") September 2, 2024 through August 31, 2025 ("RY-2025").

**REVISION TO CLOSURE ESTIMATE – FINANCIAL ASSURANCE (Permit Condition 1.H)**

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As required by the NMOCD, a cost update/revision to the closure/post-closure activities associated with the Facility operational areas is required to be submitted as part of this Report. A copy of the closure estimate is included as **Attachment A**.



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#### **PROCESS PIPING AND INTEGRITY TEST RESULTS (Permit Condition 2.B)**

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The Facility conducts monthly inspections of all areas of the Facility, including the concrete, pumps, piping, and tank battery. No deficiencies or issues have been identified during these inspections that were not corrected within the same month. A copy of the Monthly inspection reports is included in **Attachment B**.

#### **SUMMARY AND NATURE OF REPORTABLE LEAKS (Permit Condition 2.C)**

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As noted above, the Facility completes Monthly Inspections of its operations area(s), and this includes walking the extent of the Facility to complete a visual inspection of all areas. No reportable leaks or spills were identified during RY-2025.

#### **COMPLAINT LOGS AND RESOLUTIONS (Permit Condition 2.D)**

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Neighboring operations to the Facility include homestead and exploration and production ("E&P") activity. No complaints have been logged for RY-2025.

#### **HYDROGEN SULFIDE MONITORING (Permit Condition 6.E)**

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All employees and visitors to the Facility are to wear a hydrogen sulfide ("H<sub>2</sub>S") monitor. Based on the type of operations noted in this permit condition no exceedances/detections of H<sub>2</sub>S were noted by Facility employees or visitors. Milestone's personnel monitoring program continues to reinforce that there are no potentially hazardous volumes of hydrogen sulfide produced by operations at the Battle Axe facility. Furthermore, as part of Milestone's internal waste receiver procedures, any waste arriving at the Facility suspected or manifested of H<sub>2</sub>S is tested using a four-phase gas meter during a jug testing standard operating procedure. Any exceedances of 20 parts per million (ppm) detected by the four-gas meter will cause the waste to be rejected, and the operator hauling such wastes is requested to depart and locate an appropriate disposal facility.

#### **BIRD DETERRANCE (Permit Condition 6.G)**

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No migratory birds were noted during the monthly inspections in 2025. The monthly inspection logs are included in **Attachment C**.

#### **VADOSE ZONE WELL INSPECTION FORM(S) & ANALYTICAL RESULTS (Permit Condition 6.H)**

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The Facility operates a below-grade collecting structure. The vadose zone monitoring ("VZM") system consists of the three VZM wells. The wells are gauged bi-monthly on or near the 5<sup>th</sup> and 20<sup>th</sup> of each month. To date, no liquid has been detected. Inspection logs are included in **Attachment D**.



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**TRAINING RECORDS (Permit Condition 6.J)**

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Training for Facility personnel is conducted as part of employee on-boarding activities. In addition, all employees are required to complete quarterly health and safety ("H&S") training. A copy of the Training Record Matrix is included in **Attachment E**.

**CONCLUSION**

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Milestone appreciates the opportunity to submit this information and should you have any questions regarding this submittal, please contact my department at (832) 739-6687 or via email at [regulatory@milestone-es.com](mailto:regulatory@milestone-es.com).

Respectfully,

Elizabeth R. Hartson, MEM  
Manager, Environmental Compliance & Regulatory Affairs  
Milestone Environmental Services, LLC

- Attachments:** A – Closure/Post-Closure Estimate (RY-2025)  
B – Monthly Inspection Reports – Battle Axe  
C – Migratory Bird Inspection Logs  
D – Vadose Zone Monitoring Well Logs – 2025  
E – Employee Training Matrix



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**ATTACHMENT A**  
*Closure/Post-Closure Estimate (RY-2025)*

**CLOSURE COST ESTIMATE**  
Commercial Waste Management Facility  
Permit No. NM1-64

ITEM	DESCRIPTION	QTY	UNIT	UNIT COST	TOTAL
<b>1.0 Engineering</b>					
1.1	Modify Closure Plan/Bid Out	1	LS	\$ 6,500.00	\$ 6,500
1.2	Prepare Closure Bid Documents	1	LS	\$ 4,500.00	\$ 4,500
1.3	Bidding and Procurement of Contractor	1	LS	\$ 6,000.00	\$ 6,000
1.4	Construction Phase Engineering	1	LS	\$ 6,000.00	\$ 6,000
1.5	On-site Observation during closure	1	LS	\$ 25,000.00	\$ 25,000
1.6	Soils Compaction Testing	1	LS	\$ 2,800.00	\$ 2,800
1.7	Final Closure Report	1	LS	\$ 5,000.00	\$ 5,000
<b>1.0 SUBTOTAL</b>					<b>\$ 55,800</b>
<b>2.0 Disposal Well</b>					
2.1	Remove and salvage piping and equipment	1	LS	\$ 6,800.00	\$ 6,800
<b>2.0 SUBTOTAL</b>					<b>\$ 6,800</b>
<b>3.0 Unloading Bays</b>					
3.1	Clean/wash infrastructure	115	BBLs	\$ 10.00	\$ 1,150
3.2	Haul cleaning water to offsite injection well	115	BBLs	\$ 3.00	\$ 345
3.3	Remove and salvage equipment, canopy structure	1	LS	\$ 10,000.00	\$ 10,000
3.4	Demolish concrete paving, trenches and aprons	254	CY	\$ 53.00	\$ 13,462
3.5	Dispose of concrete rubble at offsite facility	254	CY	\$ 79.00	\$ 20,066
3.6	Level area and haul/backfill trench	375	CY	\$ 15.00	\$ 5,625
<b>3.0 SUBTOTAL</b>					<b>\$ 50,648</b>
<b>4.0 Truck Dump &amp; Wash Area</b>					
4.1	Clean/Wash infrastructure	40	BBLs	\$ 10.00	\$ 400
4.2	Haul cleaning water to offsite injection well	40	BBLs	\$ 3.00	\$ 120
4.3	Remove and salvage equipment	1	LS	\$ 5,000.00	\$ 5,000
4.4	Demolish concrete paving, trenches and aprons	40	CY	\$ 53.00	\$ 2,120
4.5	Dispose of concrete rubble at offsite facility	40	CY	\$ 79.00	\$ 3,160
4.6	Backfill/level area with imported fill	220	CY	\$ 15.00	\$ 3,300
<b>4.0 SUBTOTAL</b>					<b>\$ 14,100</b>
<b>5.0 Receiving Pit</b>					
5.1	Remove liquids/haul to offsite injection well	5,997	BBLs	\$ 3.00	\$ 17,991
5.2	Remove solids/haul to offsite disposal facility	220	CY	\$ 79.00	\$ 16,280
5.3	Clean/Wash infrastructure	120	BBLs	\$ 10.00	\$ 1,200
5.4	Haul cleaning water to offsite injection well	120	BBLs	\$ 3.00	\$ 360
5.5	Remove and salvage piping, equipment, etc.	1	LS	\$ 600.00	\$ 600
5.6	Demolish concrete collection pit structure	415	CY	\$ 69.00	\$ 28,635
5.7	Dispose of concrete rubble at offsite facility	415	CY	\$ 79.00	\$ 32,785
5.8	Backfill/level area with imported fill	2,480	CY	\$ 15.00	\$ 37,200
<b>5.0 SUBTOTAL</b>					<b>\$ 135,051</b>
<b>6.0 Mixing Tanks</b>					

**CLOSURE COST ESTIMATE**  
Commercial Waste Management Facility  
Permit No. NM1-64

ITEM	DESCRIPTION	QTY	UNIT	UNIT COST	TOTAL
6.1	Remove liquids/haul to offsite injection well	1500	BBLs	\$ 3.00	\$ 4,500
6.2	Clean/Wash infrastructure	26	BBLs	\$ 10.00	\$ 260
6.3	Haul cleaning water to offsite injection well	26	BBLs	\$ 3.00	\$ 78
6.4	Remove/salvage tanks, piping, equipment, etc.	2	LS	\$ 750.00	\$ 1,500
6.5	Demolish concrete containment structure	60	CY	\$ 53.00	\$ 3,180
6.6	Dispose of concrete rubble at offsite facility	60	CY	\$ 79.00	\$ 4,740
6.7	Backfill/level area with imported fill	59	CY	\$ 15.00	\$ 885
<b>6.0 SUBTOTAL</b>					<b>\$ 15,143</b>

<b>7.0 Tank Farm</b>					
7.1	Remove/salvage pumps, stairs, walkways, etc.	1	LS	\$ 1,000.00	\$ 1,000
7.2	Remove liquids from salt water tanks and dispose	4,700	BBLs	\$ 3.00	\$ 14,100
7.3	Remove and dispose of oil in oil storage tanks	1,000	BBLs	\$ -	\$ -
7.4	Clean concrete containment structure	50	BBLs	\$ 10.00	\$ 500
7.5	Haul cleaning water to offsite injection well	50	BBLs	\$ 3.00	\$ 150
7.6	Demolish/salvage storage tanks and equipment	1	LS	\$ 8,000.00	\$ 8,000
7.7	Demolish concrete containment structure	202	CY	\$ 69.00	\$ 13,938
7.8	Dispose of concrete rubble at offsite facility	202	CY	\$ 79.00	\$ 15,958
7.9	Backfill/level area with imported fill	200	CY	\$ 15.00	\$ 3,000
<b>7.0 SUBTOTAL</b>					<b>\$ 56,646</b>

<b>8.0 Injection Pump Pad &amp; Equipment</b>					
8.1	Remove/salvage pumps, equip., canopy, etc.	1	LS	\$ 1,000.00	\$ 1,000
8.2	Demolish concrete foundation	68	CY	\$ 69.00	\$ 4,692
8.3	Dispose of concrete rubble at offsite facility	68	CY	\$ 79.00	\$ 5,372
8.4	Backfill/level area with imported fill	16	CY	\$ 15.00	\$ 240
<b>8.0 SUBTOTAL</b>					<b>\$ 11,304</b>

<b>9.0 Equipment/ Pump Pad</b>					
9.1	Remove/salvage pumps, equip., etc.	1	LS	\$ 1,000.00	\$ 1,000
9.2	Clean/wash concrete concrete	5	BBLs	\$ 10.00	\$ 50
9.3	Haul cleaning water to offsite injection well	5	BBLs	\$ 3.00	\$ 15
9.4	Demolish concrete foundation	25	CY	\$ 53.00	\$ 1,325
9.5	Dispose of concrete rubble at offsite facility	25	CY	\$ 79.00	\$ 1,975
9.6	Backfill/level area with imported fill	39	CY	\$ 15.00	\$ 585
<b>9.0 SUBTOTAL</b>					<b>\$ 4,950</b>

<b>10.0 Drying Slab</b>					
10.1	Remove solids/haul to offsite disposal facility	277	CY	\$ 79.00	\$ 21,883
10.2	Clean/wash concrete containment structure	60	BBLs	\$ 10.00	\$ 600
10.3	Haul cleaning water to offsite injection well	60	BBLs	\$ 3.00	\$ 180
10.4	Demolish concrete handling area structure	122	CY	\$ 53.00	\$ 6,466
10.5	Dispose of concrete rubble at offsite facility	122	CY	\$ 79.00	\$ 9,638
10.6	Backfill/level area with imported fill	149	CY	\$ 15.00	\$ 2,235

**CLOSURE COST ESTIMATE**  
Commercial Waste Management Facility  
Permit No. NM1-64

ITEM DESCRIPTION	QTY	UNIT	UNIT COST	TOTAL
<b>10.0 SUBTOTAL</b>				<b>\$ 41,002</b>

**11.0 Misc Facility Structures, Paving & Utilities**

11.1 Remove and salvage diesel storage tank	1	LS	\$ 100.00	\$ 100
11.2 Vegetation/Seeding/Watering	9	Acre	\$ 1,910.00	\$ 17,190
<b>11.0 SUBTOTAL</b>				<b>\$ 17,290</b>

**12.0 Post-Closure Sampling and Analysis**


12.1 Field Sample Collection (see included SAP)	1	EA	\$ 2,334.00	\$ 2,334
12.2 Composite Closure Laboratory Analysis	8	EA	\$ 388.00	\$ 3,104
Vadose Zone Well P&A (plugging of 3 wells, rate is per day,				
12.3 estimated for one day)	1	EA	\$ 2,474.00	\$ 2,474
<b>12.0 SUBTOTAL</b>				<b>\$ 7,912</b>

**TOTAL ESTIMATED CLOSURE COSTS \$ 416,646**

**Common Cost Elements - September 2025**

Cleaning/Washing Tank or concrete	1	BBL	\$ 10.00
Offsite Injection Disposal (includes hauling costs)	1	BBL	\$ 3.00
Offsite fill material (includes placing and compacting)	1	CY	\$ 15.00
Vegetation/Seeding/Watering	1	Acre	\$ 1,910.00
Demolish/Load Concrete Structures	1	CY	\$ 53.00
Demolish/Load Heavily Reinforced Concrete Structures	1	CY	\$ 69.00
Haul/Dispose of Solid Waste at Offsite Facility	1	CY	\$ 79.00
Laboratory Analysis (see included cost per analysis)	1	EA	\$ 387.00
Field Sampling (1 day with two techs)	1	EA	\$ 2,334.00
Monitor Well P&A Costs (includes off-site disposal)	1	EA	\$ 2,474.00

Issued for permitting purposes



October 30, 2025  
3 Pages of Calculations





Milestone Environmental Services  
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**ATTACHMENT B**  
*Monthly Inspection Reports – Battle Axe*



# MANAGER MONTHLY SLURRY FACILITY INSPECTION

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

<b>Inspector Name: Joseph Kurtz</b>				
<b>Date of Inspection: 10-15-2024</b>		<b>Locations: tle Axe</b>		
Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
<b>OFFICE AREAS</b>				
Overall Housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper stocking of first aid kits/no expired meds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AED has been inspected and is ready for use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Functionality of smoke alarms/Emergency Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of all bathroom and kitchen facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supply and availability of potable drinking water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Slip/trip/fall conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper condition and location of electrical cords	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety record sign is up-to-date	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chairs in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
pH meter/NORM meter accounted for and working correctly. No expired buffer solutions or chemicals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>UNLOADING/WASH AREA/DRYING SLAB</b>				
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yellow iron in good condition and parked/used correctly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hoses in good repair (no wear or wires sticking out)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of the area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of Fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of equipment such as hoses, tools, etc. when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of grounding system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concrete (containment/walls) in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking and working surfaces clean and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition/cleanliness of the motor (s)and pump(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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ENVIRONMENTAL SERVICES

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**MANAGER  
MONTHLY  
SLURRY  
FACILITY  
INSPECTION**

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
Electrical connection and boxes in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cones and flags present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>MAINTENANCE/ STORAGE/ SHOP AREA</b>				
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of the entire maintenance shop area, including all floors/benches/storage areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of tools, ladders and equipment when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drums/containers properly labeled and kept in designated location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All flammable/combustible liquids stored in Safety Cans/containers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heavy parts stored on proper height shelves to allow for safe lifting. Parts that can roll stored on shelves with lip to prevent rolling off or on bottom shelves.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>MCC ROOM/ELECTRICAL PANEL AREA</b>				
Electrical panels labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All electrical panels closed and secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers present and serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean and Orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>TANK BATTERY AREA/MIX TANK/INJECTION PUMP</b>				
General housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Check pop off valve, operation and maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of concrete/earthen containment(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of equipment such as hoses, tools, ladders, etc. when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition/cleanliness of the motor (s)and pump(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Structural integrity of fixed ladders, staircases and platforms to storage tanks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of electrical boxes and outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



# MANAGER MONTHLY SLURRY FACILITY INSPECTION

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
Machine guarding in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vegetation properly mowed with no accumulation of vegetation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grounding system present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>WELLHEAD/ HIGH PRESSURE AREAS</b>				
Are all high pressure hoses secured with whip checks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Injection well labeled with how many turns it takes to open/close each valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of whip checks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cbles/shackles on EIP/DIP screw caps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FRAC TANK AREA</b>				
General housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Proper storage and/or disposal of flammable materials	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Condition of earthen berm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>EMPLOYEE HOUSING AREAS</b> <span style="float: right;">Check box if you do not have housing <input type="checkbox"/></span>				
Common areas clean, and appliances work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employee rooms and porch area clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RV area free of trash, and orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers/smoke detectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>GENERAL INSPECTION ITEMS</b>				
Nylon/cable slings in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Eye Wash/ Shower operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Perimeter fence/barrier in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fall protection is in serviceable condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobile Equipment Inspection documented weekly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety documentation reviewed/maintained/filed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All facility TRRC signs correct/readable/present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of pressure-washing equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of hand and power tools	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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**MANAGER  
MONTHLY  
SLURRY  
FACILITY  
INSPECTION**

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**Inspector Certification: I certify that I have completed the above inspection and that the attached documentation is true and correct.**

*Joseph Kurtz*



# MANAGER MONTHLY SLURRY FACILITY INSPECTION

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

Inspector Name: Joseph				
Date of Inspection: 11-15-2025		Locations: Battle Axe		
Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
<b>OFFICE AREAS</b>				
Overall Housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper stocking of first aid kits/no expired meds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AED has been inspected and is ready for use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Functionality of smoke alarms/Emergency Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of all bathroom and kitchen facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supply and availability of potable drinking water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Slip/trip/fall conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper condition and location of electrical cords	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety record sign is up-to-date	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chairs in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
pH meter/NORM meter accounted for and working correctly. No expired buffer solutions or chemicals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>UNLOADING/WASH AREA/DRYING SLAB</b>				
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yellow iron in good condition and parked/used correctly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hoses in good repair (no wear or wires sticking out)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of the area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of Fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of equipment such as hoses, tools, etc. when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of grounding system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concrete (containment/walls) in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking and working surfaces clean and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition/cleanliness of the motor (s)and pump(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



# MANAGER MONTHLY SLURRY FACILITY INSPECTION

Created: 2-13-17  
Revision #: 9  
Reviewed Date 5/13/21

Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
Electrical connection and boxes in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cones and flags present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>MAINTENANCE/ STORAGE/ SHOP AREA</b>				
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of the entire maintenance shop area, including all floors/benches/storage areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of tools, ladders and equipment when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drums/containers properly labeled and kept in designated location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All flammable/combustible liquids stored in Safety Cans/containers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heavy parts stored on proper height shelves to allow for safe lifting. Parts that can roll stored on shelves with lip to prevent rolling off or on bottom shelves.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>MCC ROOM/ELECTRICAL PANEL AREA</b>				
Electrical panels labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All electrical panels closed and secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers present and serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean and Orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>TANK BATTERY AREA/MIX TANK/INJECTION PUMP</b>				
General housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Check pop off valve, operation and maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of concrete/earthen containment(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of equipment such as hoses, tools, ladders, etc. when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition/cleanliness of the motor (s)and pump(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Structural integrity of fixed ladders, staircases and platforms to storage tanks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of electrical boxes and outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
Machine guarding in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vegetation properly mowed with no accumulation of vegetation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grounding system present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>WELLHEAD/ HIGH PRESSURE AREAS</b>				
Are all high pressure hoses secured with whip checks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Injection well labeled with how many turns it takes to open/close each valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of whip checks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cbles/shackles on EIP/DIP screw caps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FRAC TANK AREA</b>				
General housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Proper storage and/or disposal of flammable materials	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Condition of earthen berm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>EMPLOYEE HOUSING AREAS</b>				Check box if you do not have housing <input type="checkbox"/>
Common areas clean, and appliances work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employee rooms and porch area clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RV area free of trash, and orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers/smoke detectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>GENERAL INSPECTION ITEMS</b>				
Nylon/cable slings in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Eye Wash/ Shower operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Perimeter fence/barrier in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fall protection is in serviceable condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobile Equipment Inspection documented weekly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety documentation reviewed/maintained/filed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All facility TRRC signs correct/readable/present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of pressure-washing equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of hand and power tools	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	





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INSPECTION**

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

Inspector Certification: I certify that I have completed the above inspection and that the attached documentation is true and correct.

*Joseph Kurtz*



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Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

<b>Inspector Name: Joseph Kurtz</b>				
<b>Date of Inspection: 12-15-2024</b>		<b>Locations: Battle Axe</b>		
<b>Item</b>	<b>OK</b>	<b>Needs Attn</b>	<b>N/A</b>	<b>REQUIRED CORRECTION / MAINTENANCE</b>
<b>OFFICE AREAS</b>				
Overall Housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper stocking of first aid kits/no expired meds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AED has been inspected and is ready for use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Functionality of smoke alarms/Emergency Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of all bathroom and kitchen facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supply and availability of potable drinking water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Slip/trip/fall conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper condition and location of electrical cords	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety record sign is up-to-date	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chairs in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
pH meter/NORM meter accounted for and working correctly. No expired buffer solutions or chemicals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>UNLOADING/WASH AREA/DRYING SLAB</b>				
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yellow iron in good condition and parked/used correctly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hoses in good repair (no wear or wires sticking out)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of the area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of Fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of equipment such as hoses, tools, etc. when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of grounding system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concrete (containment/walls) in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking and working surfaces clean and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition/cleanliness of the motor (s)and pump(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



# MANAGER MONTHLY SLURRY FACILITY INSPECTION

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
Electrical connection and boxes in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cones and flags present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>MAINTENANCE/ STORAGE/ SHOP AREA</b>				
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of the entire maintenance shop area, including all floors/benches/storage areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of tools, ladders and equipment when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drums/containers properly labeled and kept in designated location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All flammable/combustible liquids stored in Safety Cans/containers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heavy parts stored on proper height shelves to allow for safe lifting. Parts that can roll stored on shelves with lip to prevent rolling off or on bottom shelves.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>MCC ROOM/ELECTRICAL PANEL AREA</b>				
Electrical panels labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All electrical panels closed and secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers present and serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean and Orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>TANK BATTERY AREA/MIX TANK/INJECTION PUMP</b>				
General housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Check pop off valve, operation and maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of concrete/earthen containment(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of equipment such as hoses, tools, ladders, etc. when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition/cleanliness of the motor (s)and pump(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Structural integrity of fixed ladders, staircases and platforms to storage tanks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of electrical boxes and outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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INSPECTION**

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
Machine guarding in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vegetation properly mowed with no accumulation of vegetation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grounding system present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>WELLHEAD/ HIGH PRESSURE AREAS</b>				
Are all high pressure hoses secured with whip checks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Injection well labeled with how many turns it takes to open/close each valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of whip checks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cbles/shackles on EIP/DIP screw caps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FRAC TANK AREA</b>				
General housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Proper storage and/or disposal of flammable materials	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Condition of earthen berm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>EMPLOYEE HOUSING AREAS</b> <span style="float: right;">Check box if you do not have housing <input type="checkbox"/></span>				
Common areas clean, and appliances work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employee rooms and porch area clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RV area free of trash, and orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers/smoke detectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>GENERAL INSPECTION ITEMS</b>				
Nylon/cable slings in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Eye Wash/ Shower operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Perimeter fence/barrier in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fall protection is in serviceable condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobile Equipment Inspection documented weekly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety documentation reviewed/maintained/filed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All facility TRRC signs correct/readable/present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of pressure-washing equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of hand and power tools	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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INSPECTION**

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

Inspector Certification: I certify that I have completed the above inspection and that the attached documentation is true and correct.

*Joseph Kurtz*



# MANAGER MONTHLY SLURRY FACILITY INSPECTION

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

<b>Inspector Name: Joseph Kurtz</b>				
<b>Date of Inspection: 1-15-25</b>		<b>Locations: Battle Axe</b>		
Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
<b>OFFICE AREAS</b>				
Overall Housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper stocking of first aid kits/no expired meds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AED has been inspected and is ready for use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Functionality of smoke alarms/Emergency Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of all bathroom and kitchen facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supply and availability of potable drinking water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Slip/trip/fall conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper condition and location of electrical cords	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety record sign is up-to-date	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chairs in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
pH meter/NORM meter accounted for and working correctly. No expired buffer solutions or chemicals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>UNLOADING/WASH AREA/DRYING SLAB</b>				
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yellow iron in good condition and parked/used correctly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hoses in good repair (no wear or wires sticking out)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of the area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of Fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of equipment such as hoses, tools, etc. when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of grounding system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concrete (containment/walls) in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking and working surfaces clean and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition/cleanliness of the motor (s)and pump(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



# MANAGER MONTHLY SLURRY FACILITY INSPECTION

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
Electrical connection and boxes in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cones and flags present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>MAINTENANCE/ STORAGE/ SHOP AREA</b>				
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of the entire maintenance shop area, including all floors/benches/storage areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of tools, ladders and equipment when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drums/containers properly labeled and kept in designated location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All flammable/combustible liquids stored in Safety Cans/containers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heavy parts stored on proper height shelves to allow for safe lifting. Parts that can roll stored on shelves with lip to prevent rolling off or on bottom shelves.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>MCC ROOM/ELECTRICAL PANEL AREA</b>				
Electrical panels labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All electrical panels closed and secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers present and serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean and Orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>TANK BATTERY AREA/MIX TANK/INJECTION PUMP</b>				
General housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Check pop off valve, operation and maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of concrete/earthen containment(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of equipment such as hoses, tools, ladders, etc. when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition/cleanliness of the motor (s)and pump(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Structural integrity of fixed ladders, staircases and platforms to storage tanks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of electrical boxes and outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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INSPECTION**

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
Machine guarding in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vegetation properly mowed with no accumulation of vegetation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grounding system present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>WELLHEAD/ HIGH PRESSURE AREAS</b>				
Are all high pressure hoses secured with whip checks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Injection well labeled with how many turns it takes to open/close each valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of whip checks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cbles/shackles on EIP/DIP screw caps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FRAC TANK AREA</b>				
General housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Proper storage and/or disposal of flammable materials	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Condition of earthen berm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>EMPLOYEE HOUSING AREAS</b> <span style="float: right;">Check box if you do not have housing <input type="checkbox"/></span>				
Common areas clean, and appliances work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employee rooms and porch area clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RV area free of trash, and orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers/smoke detectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>GENERAL INSPECTION ITEMS</b>				
Nylon/cable slings in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Eye Wash/ Shower operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Perimeter fence/barrier in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fall protection is in serviceable condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobile Equipment Inspection documented weekly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety documentation reviewed/maintained/filed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All facility TRRC signs correct/readable/present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of pressure-washing equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of hand and power tools	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	





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INSPECTION**

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

Inspector Certification: I certify that I have completed the above inspection and that the attached documentation is true and correct.

*Joseph Kurtz*



# MANAGER MONTHLY SLURRY FACILITY INSPECTION

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

<b>Inspector Name: Joseph Kurtz</b>				
<b>Date of Inspection: 2-15-2025</b>		<b>Locations: Battle Axe</b>		
Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
<b>OFFICE AREAS</b>				
Overall Housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper stocking of first aid kits/no expired meds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AED has been inspected and is ready for use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Functionality of smoke alarms/Emergency Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of all bathroom and kitchen facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supply and availability of potable drinking water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Slip/trip/fall conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper condition and location of electrical cords	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety record sign is up-to-date	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chairs in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
pH meter/NORM meter accounted for and working correctly. No expired buffer solutions or chemicals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>UNLOADING/WASH AREA/DRYING SLAB</b>				
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yellow iron in good condition and parked/used correctly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hoses in good repair (no wear or wires sticking out)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of the area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of Fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of equipment such as hoses, tools, etc. when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of grounding system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concrete (containment/walls) in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking and working surfaces clean and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition/cleanliness of the motor (s)and pump(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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Created: 2-13-17

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Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
Electrical connection and boxes in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cones and flags present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>MAINTENANCE/ STORAGE/ SHOP AREA</b>				
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of the entire maintenance shop area, including all floors/benches/storage areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of tools, ladders and equipment when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drums/containers properly labeled and kept in designated location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All flammable/combustible liquids stored in Safety Cans/containers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heavy parts stored on proper height shelves to allow for safe lifting. Parts that can roll stored on shelves with lip to prevent rolling off or on bottom shelves.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>MCC ROOM/ELECTRICAL PANEL AREA</b>				
Electrical panels labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All electrical panels closed and secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers present and serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean and Orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>TANK BATTERY AREA/MIX TANK/INJECTION PUMP</b>				
General housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Check pop off valve, operation and maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of concrete/earthen containment(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of equipment such as hoses, tools, ladders, etc. when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition/cleanliness of the motor (s)and pump(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Structural integrity of fixed ladders, staircases and platforms to storage tanks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of electrical boxes and outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



# MANAGER MONTHLY SLURRY FACILITY INSPECTION

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
Machine guarding in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vegetation properly mowed with no accumulation of vegetation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grounding system present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>WELLHEAD/ HIGH PRESSURE AREAS</b>				
Are all high pressure hoses secured with whip checks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Injection well labeled with how many turns it takes to open/close each valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of whip checks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cbles/shackles on EIP/DIP screw caps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FRAC TANK AREA</b>				
General housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Proper storage and/or disposal of flammable materials	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Condition of earthen berm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>EMPLOYEE HOUSING AREAS</b> <span style="float: right;">Check box if you do not have housing <input type="checkbox"/></span>				
Common areas clean, and appliances work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employee rooms and porch area clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RV area free of trash, and orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers/smoke detectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>GENERAL INSPECTION ITEMS</b>				
Nylon/cable slings in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Eye Wash/ Shower operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Perimeter fence/barrier in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fall protection is in serviceable condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobile Equipment Inspection documented weekly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety documentation reviewed/maintained/filed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All facility TRRC signs correct/readable/present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of pressure-washing equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of hand and power tools	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

**Inspector Certification: I certify that I have completed the above inspection and that the attached documentation is true and correct.**

*Joseph Kurtz*



# MANAGER MONTHLY SLURRY FACILITY INSPECTION

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

<b>Inspector Name: Joseph Kurtz</b>				
<b>Date of Inspection: 3-15-2025</b>		<b>Locations: battle axe</b>		
<b>Item</b>	<b>OK</b>	<b>Needs Attn</b>	<b>N/A</b>	<b>REQUIRED CORRECTION / MAINTENANCE</b>
<b>OFFICE AREAS</b>				
Overall Housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper stocking of first aid kits/no expired meds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AED has been inspected and is ready for use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Functionality of smoke alarms/Emergency Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of all bathroom and kitchen facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supply and availability of potable drinking water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Slip/trip/fall conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper condition and location of electrical cords	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety record sign is up-to-date	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chairs in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
pH meter/NORM meter accounted for and working correctly. No expired buffer solutions or chemicals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>UNLOADING/WASH AREA/DRYING SLAB</b>				
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yellow iron in good condition and parked/used correctly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hoses in good repair (no wear or wires sticking out)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of the area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of Fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of equipment such as hoses, tools, etc. when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of grounding system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concrete (containment/walls) in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking and working surfaces clean and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition/cleanliness of the motor (s)and pump(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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Created: 2-13-17

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Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
Electrical connection and boxes in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cones and flags present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>MAINTENANCE/ STORAGE/ SHOP AREA</b>				
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of the entire maintenance shop area, including all floors/benches/storage areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of tools, ladders and equipment when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drums/containers properly labeled and kept in designated location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All flammable/combustible liquids stored in Safety Cans/containers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heavy parts stored on proper height shelves to allow for safe lifting. Parts that can roll stored on shelves with lip to prevent rolling off or on bottom shelves.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>MCC ROOM/ELECTRICAL PANEL AREA</b>				
Electrical panels labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All electrical panels closed and secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers present and serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean and Orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>TANK BATTERY AREA/MIX TANK/INJECTION PUMP</b>				
General housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Check pop off valve, operation and maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of concrete/earthen containment(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of equipment such as hoses, tools, ladders, etc. when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition/cleanliness of the motor (s)and pump(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Structural integrity of fixed ladders, staircases and platforms to storage tanks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of electrical boxes and outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
Machine guarding in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vegetation properly mowed with no accumulation of vegetation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grounding system present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>WELLHEAD/ HIGH PRESSURE AREAS</b>				
Are all high pressure hoses secured with whip checks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Injection well labeled with how many turns it takes to open/close each valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of whip checks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cbles/shackles on EIP/DIP screw caps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FRAC TANK AREA</b>				
General housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Proper storage and/or disposal of flammable materials	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Condition of earthen berm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>EMPLOYEE HOUSING AREAS</b> <span style="float: right;">Check box if you do not have housing <input type="checkbox"/></span>				
Common areas clean, and appliances work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employee rooms and porch area clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RV area free of trash, and orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers/smoke detectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>GENERAL INSPECTION ITEMS</b>				
Nylon/cable slings in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Eye Wash/ Shower operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Perimeter fence/barrier in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fall protection is in serviceable condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobile Equipment Inspection documented weekly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety documentation reviewed/maintained/filed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All facility TRRC signs correct/readable/present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of pressure-washing equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of hand and power tools	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	





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INSPECTION**

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

Inspector Certification: I certify that I have completed the above inspection and that the attached documentation is true and correct.

*Joseph Kurtz*



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ENVIRONMENTAL SERVICES

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**MANAGER  
MONTHLY  
SLURRY  
FACILITY  
INSPECTION**

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

<b>Inspector Name: Joseph Kurtz</b>				
<b>Date of Inspection: 4-15-2025</b>		<b>Locations: Battle axe</b>		
<b>Item</b>	<b>OK</b>	<b>Needs Attn</b>	<b>N/A</b>	<b>REQUIRED CORRECTION / MAINTENANCE</b>
<b>OFFICE AREAS</b>				
Overall Housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper stocking of first aid kits/no expired meds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AED has been inspected and is ready for use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Functionality of smoke alarms/Emergency Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of all bathroom and kitchen facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supply and availability of potable drinking water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Slip/trip/fall conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper condition and location of electrical cords	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety record sign is up-to-date	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chairs in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
pH meter/NORM meter accounted for and working correctly. No expired buffer solutions or chemicals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>UNLOADING/WASH AREA/DRYING SLAB</b>				
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yellow iron in good condition and parked/used correctly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hoses in good repair (no wear or wires sticking out)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of the area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of Fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of equipment such as hoses, tools, etc. when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of grounding system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concrete (containment/walls) in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking and working surfaces clean and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition/cleanliness of the motor (s)and pump(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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Created: 2-13-17

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Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
Electrical connection and boxes in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cones and flags present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>MAINTENANCE/ STORAGE/ SHOP AREA</b>				
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of the entire maintenance shop area, including all floors/benches/storage areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of tools, ladders and equipment when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drums/containers properly labeled and kept in designated location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All flammable/combustible liquids stored in Safety Cans/containers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heavy parts stored on proper height shelves to allow for safe lifting. Parts that can roll stored on shelves with lip to prevent rolling off or on bottom shelves.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>MCC ROOM/ELECTRICAL PANEL AREA</b>				
Electrical panels labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All electrical panels closed and secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers present and serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean and Orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>TANK BATTERY AREA/MIX TANK/INJECTION PUMP</b>				
General housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Check pop off valve, operation and maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of concrete/earthen containment(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of equipment such as hoses, tools, ladders, etc. when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition/cleanliness of the motor (s)and pump(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Structural integrity of fixed ladders, staircases and platforms to storage tanks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of electrical boxes and outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



# MANAGER MONTHLY SLURRY FACILITY INSPECTION

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
Machine guarding in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vegetation properly mowed with no accumulation of vegetation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grounding system present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>WELLHEAD/ HIGH PRESSURE AREAS</b>				
Are all high pressure hoses secured with whip checks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Injection well labeled with how many turns it takes to open/close each valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of whip checks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cbles/shackles on EIP/DIP screw caps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FRAC TANK AREA</b>				
General housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Proper storage and/or disposal of flammable materials	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Condition of earthen berm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>EMPLOYEE HOUSING AREAS</b> <span style="float: right;">Check box if you do not have housing <input type="checkbox"/></span>				
Common areas clean, and appliances work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employee rooms and porch area clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RV area free of trash, and orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers/smoke detectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>GENERAL INSPECTION ITEMS</b>				
Nylon/cable slings in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Eye Wash/ Shower operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Perimeter fence/barrier in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fall protection is in serviceable condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobile Equipment Inspection documented weekly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety documentation reviewed/maintained/filed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All facility TRRC signs correct/readable/present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of pressure-washing equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of hand and power tools	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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INSPECTION**

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

Inspector Certification: I certify that I have completed the above inspection and that the attached documentation is true and correct.

*Joseph Kurtz*



# MANAGER MONTHLY SLURRY FACILITY INSPECTION

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

<b>Inspector Name: Joseph Kurtz</b>				
<b>Date of Inspection: 5-15-2025</b>		<b>Locations: Battle Axe</b>		
Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
<b>OFFICE AREAS</b>				
Overall Housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper stocking of first aid kits/no expired meds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AED has been inspected and is ready for use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Functionality of smoke alarms/Emergency Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of all bathroom and kitchen facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supply and availability of potable drinking water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Slip/trip/fall conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper condition and location of electrical cords	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety record sign is up-to-date	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chairs in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
pH meter/NORM meter accounted for and working correctly. No expired buffer solutions or chemicals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>UNLOADING/WASH AREA/DRYING SLAB</b>				
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yellow iron in good condition and parked/used correctly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hoses in good repair (no wear or wires sticking out)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of the area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of Fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of equipment such as hoses, tools, etc. when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of grounding system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concrete (containment/walls) in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking and working surfaces clean and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition/cleanliness of the motor (s)and pump(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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Created: 2-13-17

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Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
Electrical connection and boxes in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cones and flags present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>MAINTENANCE/ STORAGE/ SHOP AREA</b>				
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of the entire maintenance shop area, including all floors/benches/storage areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of tools, ladders and equipment when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drums/containers properly labeled and kept in designated location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All flammable/combustible liquids stored in Safety Cans/containers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heavy parts stored on proper height shelves to allow for safe lifting. Parts that can roll stored on shelves with lip to prevent rolling off or on bottom shelves.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>MCC ROOM/ELECTRICAL PANEL AREA</b>				
Electrical panels labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All electrical panels closed and secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers present and serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean and Orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>TANK BATTERY AREA/MIX TANK/INJECTION PUMP</b>				
General housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Check pop off valve, operation and maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of concrete/earthen containment(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of equipment such as hoses, tools, ladders, etc. when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition/cleanliness of the motor (s)and pump(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Structural integrity of fixed ladders, staircases and platforms to storage tanks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of electrical boxes and outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
Machine guarding in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vegetation properly mowed with no accumulation of vegetation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grounding system present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>WELLHEAD/ HIGH PRESSURE AREAS</b>				
Are all high pressure hoses secured with whip checks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Injection well labeled with how many turns it takes to open/close each valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of whip checks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cbles/shackles on EIP/DIP screw caps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FRAC TANK AREA</b>				
General housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Proper storage and/or disposal of flammable materials	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Condition of earthen berm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>EMPLOYEE HOUSING AREAS</b> <span style="float: right;">Check box if you do not have housing <input type="checkbox"/></span>				
Common areas clean, and appliances work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employee rooms and porch area clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RV area free of trash, and orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers/smoke detectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>GENERAL INSPECTION ITEMS</b>				
Nylon/cable slings in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Eye Wash/ Shower operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Perimeter fence/barrier in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fall protection is in serviceable condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobile Equipment Inspection documented weekly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety documentation reviewed/maintained/filed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All facility TRRC signs correct/readable/present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of pressure-washing equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of hand and power tools	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	





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**Inspector Certification: I certify that I have completed the above inspection and that the attached documentation is true and correct.**

*Joseph Kurtz*



# MANAGER MONTHLY SLURRY FACILITY INSPECTION

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

<b>Inspector Name: Joseph Kurtz</b>				
<b>Date of Inspection: 6-15-2025</b>		<b>Locations: Battle Axe</b>		
<b>Item</b>	<b>OK</b>	<b>Needs Attn</b>	<b>N/A</b>	<b>REQUIRED CORRECTION / MAINTENANCE</b>
<b>OFFICE AREAS</b>				
Overall Housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper stocking of first aid kits/no expired meds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AED has been inspected and is ready for use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Functionality of smoke alarms/Emergency Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of all bathroom and kitchen facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supply and availability of potable drinking water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Slip/trip/fall conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper condition and location of electrical cords	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety record sign is up-to-date	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chairs in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
pH meter/NORM meter accounted for and working correctly. No expired buffer solutions or chemicals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>UNLOADING/WASH AREA/DRYING SLAB</b>				
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yellow iron in good condition and parked/used correctly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hoses in good repair (no wear or wires sticking out)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of the area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of Fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of equipment such as hoses, tools, etc. when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of grounding system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concrete (containment/walls) in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking and working surfaces clean and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition/cleanliness of the motor (s)and pump(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
Electrical connection and boxes in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cones and flags present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>MAINTENANCE/ STORAGE/ SHOP AREA</b>				
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of the entire maintenance shop area, including all floors/benches/storage areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of tools, ladders and equipment when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drums/containers properly labeled and kept in designated location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All flammable/combustible liquids stored in Safety Cans/containers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heavy parts stored on proper height shelves to allow for safe lifting. Parts that can roll stored on shelves with lip to prevent rolling off or on bottom shelves.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>MCC ROOM/ELECTRICAL PANEL AREA</b>				
Electrical panels labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All electrical panels closed and secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers present and serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean and Orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>TANK BATTERY AREA/MIX TANK/INJECTION PUMP</b>				
General housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Check pop off valve, operation and maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of concrete/earthen containment(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of equipment such as hoses, tools, ladders, etc. when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition/cleanliness of the motor (s)and pump(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Structural integrity of fixed ladders, staircases and platforms to storage tanks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of electrical boxes and outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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INSPECTION**

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
Machine guarding in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vegetation properly mowed with no accumulation of vegetation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grounding system present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>WELLHEAD/ HIGH PRESSURE AREAS</b>				
Are all high pressure hoses secured with whip checks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Injection well labeled with how many turns it takes to open/close each valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of whip checks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cbles/shackles on EIP/DIP screw caps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FRAC TANK AREA</b>				
General housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Proper storage and/or disposal of flammable materials	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Condition of earthen berm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>EMPLOYEE HOUSING AREAS</b> <span style="float: right;">Check box if you do not have housing <input type="checkbox"/></span>				
Common areas clean, and appliances work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employee rooms and porch area clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RV area free of trash, and orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers/smoke detectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>GENERAL INSPECTION ITEMS</b>				
Nylon/cable slings in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Eye Wash/ Shower operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Perimeter fence/barrier in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fall protection is in serviceable condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobile Equipment Inspection documented weekly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety documentation reviewed/maintained/filed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All facility TRRC signs correct/readable/present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of pressure-washing equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of hand and power tools	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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INSPECTION**

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

Inspector Certification: I certify that I have completed the above inspection and that the attached documentation is true and correct.

*Joseph Kurtz*



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INSPECTION**

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

<b>Inspector Name: Joseph Kurtz</b>				
<b>Date of Inspection: 7-20-2025</b>		<b>Locations: Battle Axe</b>		
Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
<b>OFFICE AREAS</b>				
Overall Housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper stocking of first aid kits/no expired meds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AED has been inspected and is ready for use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Functionality of smoke alarms/Emergency Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of all bathroom and kitchen facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supply and availability of potable drinking water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Slip/trip/fall conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper condition and location of electrical cords	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety record sign is up-to-date	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chairs in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
pH meter/NORM meter accounted for and working correctly. No expired buffer solutions or chemicals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>UNLOADING/WASH AREA/DRYING SLAB</b>				
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yellow iron in good condition and parked/used correctly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hoses in good repair (no wear or wires sticking out)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of the area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of Fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of equipment such as hoses, tools, etc. when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of grounding system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concrete (containment/walls) in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking and working surfaces clean and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition/cleanliness of the motor (s)and pump(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



# MANAGER MONTHLY SLURRY FACILITY INSPECTION

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
Electrical connection and boxes in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cones and flags present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>MAINTENANCE/ STORAGE/ SHOP AREA</b>				
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of the entire maintenance shop area, including all floors/benches/storage areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of tools, ladders and equipment when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drums/containers properly labeled and kept in designated location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All flammable/combustible liquids stored in Safety Cans/containers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heavy parts stored on proper height shelves to allow for safe lifting. Parts that can roll stored on shelves with lip to prevent rolling off or on bottom shelves.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>MCC ROOM/ELECTRICAL PANEL AREA</b>				
Electrical panels labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All electrical panels closed and secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers present and serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean and Orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>TANK BATTERY AREA/MIX TANK/INJECTION PUMP</b>				
General housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Check pop off valve, operation and maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of concrete/earthen containment(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of equipment such as hoses, tools, ladders, etc. when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition/cleanliness of the motor (s)and pump(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Structural integrity of fixed ladders, staircases and platforms to storage tanks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of electrical boxes and outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



# MANAGER MONTHLY SLURRY FACILITY INSPECTION

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
Machine guarding in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vegetation properly mowed with no accumulation of vegetation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grounding system present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>WELLHEAD/ HIGH PRESSURE AREAS</b>				
Are all high pressure hoses secured with whip checks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Injection well labeled with how many turns it takes to open/close each valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of whip checks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cbles/shackles on EIP/DIP screw caps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FRAC TANK AREA</b>				
General housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Proper storage and/or disposal of flammable materials	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Condition of earthen berm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>EMPLOYEE HOUSING AREAS</b> <span style="float: right;">Check box if you do not have housing <input type="checkbox"/></span>				
Common areas clean, and appliances work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employee rooms and porch area clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RV area free of trash, and orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers/smoke detectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>GENERAL INSPECTION ITEMS</b>				
Nylon/cable slings in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Eye Wash/ Shower operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Perimeter fence/barrier in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fall protection is in serviceable condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobile Equipment Inspection documented weekly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety documentation reviewed/maintained/filed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All facility TRRC signs correct/readable/present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of pressure-washing equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of hand and power tools	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	





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Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

Inspector Certification: I certify that I have completed the above inspection and that the attached documentation is true and correct.

*Joseph Kurtz*



# MANAGER MONTHLY SLURRY FACILITY INSPECTION

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

<b>Inspector Name:</b> Andre Alderete				
<b>Date of Inspection:</b> 08/31/2025		<b>Locations:</b> Battle Axe		
Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
<b>OFFICE AREAS</b>				
Overall Housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper stocking of first aid kits/no expired meds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AED has been inspected and is ready for use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Functionality of smoke alarms/Emergency Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of all bathroom and kitchen facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supply and availability of potable drinking water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Slip/trip/fall conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper condition and location of electrical cords	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety record sign is up-to-date	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chairs in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
pH meter/NORM meter accounted for and working correctly. No expired buffer solutions or chemicals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>UNLOADING/WASH AREA/DRYING SLAB</b>				
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yellow iron in good condition and parked/used correctly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hoses in good repair (no wear or wires sticking out)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of the area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of Fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of equipment such as hoses, tools, etc. when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of grounding system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concrete (containment/walls) in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking and working surfaces clean and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition/cleanliness of the motor (s)and pump(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



# MANAGER MONTHLY SLURRY FACILITY INSPECTION

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
Electrical connection and boxes in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cones and flags present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>MAINTENANCE/ STORAGE/ SHOP AREA</b>				
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of the entire maintenance shop area, including all floors/benches/storage areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of tools, ladders and equipment when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drums/containers properly labeled and kept in designated location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All flammable/combustible liquids stored in Safety Cans/containers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heavy parts stored on proper height shelves to allow for safe lifting. Parts that can roll stored on shelves with lip to prevent rolling off or on bottom shelves.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>MCC ROOM/ELECTRICAL PANEL AREA</b>				
Electrical panels labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All electrical panels closed and secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers present and serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean and Orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>TANK BATTERY AREA/MIX TANK/INJECTION PUMP</b>				
General housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Check pop off valve, operation and maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition and legibility of all signs and postings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of concrete/earthen containment(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of equipment such as hoses, tools, ladders, etc. when not in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition/cleanliness of the motor (s)and pump(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	tank arm check valve replacement - resolved 8/17, piping pressure gauge replaced 8/17, resolved 8/17
Structural integrity of fixed ladders, staircases and platforms to storage tanks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of electrical boxes and outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



# MANAGER MONTHLY SLURRY FACILITY INSPECTION

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
Machine guarding in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vegetation properly mowed with no accumulation of vegetation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grounding system present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Injection pump suction hose replacement - resolved 8/17
<b>WELLHEAD/ HIGH PRESSURE AREAS</b>				
Are all high pressure hoses secured with whip checks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Injection well labeled with how many turns it takes to open/close each valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of whip checks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cbles/shackles on EIP/DIP screw caps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FRAC TANK AREA</b>				
General housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Proper storage and/or disposal of flammable materials	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Condition of earthen berm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>EMPLOYEE HOUSING AREAS</b> <span style="float: right;">Check box if you do not have housing <input type="checkbox"/></span>				
Common areas clean, and appliances work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employee rooms and porch area clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RV area free of trash, and orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of fire extinguishers/smoke detectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stair and railings present and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>GENERAL INSPECTION ITEMS</b>				
Nylon/cable slings in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Eye Wash/ Shower operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Perimeter fence/barrier in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fall protection is in serviceable condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobile Equipment Inspection documented weekly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety documentation reviewed/maintained/filed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All facility TRRC signs correct/readable/present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of pressure-washing equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of hand and power tools	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



**MANAGER  
MONTHLY  
SLURRY  
FACILITY  
INSPECTION**

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

Inspector Certification: I certify that I have completed the above inspection and that the attached documentation is true and correct.





# MANAGER MONTHLY SLURRY FACILITY INSPECTION

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

<b>Inspector Name: Jimmy Hamilton</b>				
<b>Date of Inspection: <u>Sept 26, 2025</u></b>		<b>Locations: Battle Axe</b>		
Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
<b>OFFICE AREAS</b>				
Overall Housekeeping	X			
Proper stocking of first aid kits/no expired meds	X			
AED has been inspected and is ready for use		X		Order new pack. Expired.
Functionality of smoke alarms/Emergency Lights	X			
Condition of fire extinguishers	X			
Cleanliness of all bathroom and kitchen facilities	X			
Supply and availability of potable drinking water	X			
Slip/trip/fall conditions	X			
Proper condition and location of electrical cords	X			
Safety record sign is up-to-date	X			
Stair and railings present and in good repair	X			
Chairs in good repair	X			
pH meter/NORM meter accounted for and working correctly. No expired buffer solutions or chemicals	X			
Other			X	
<b>UNLOADING/WASH AREA/DRYING SLAB</b>				
Condition and legibility of all signs and postings	X			
Yellow iron in good condition and parked/used correctly	X			
Hoses in good repair (no wear or wires sticking out)	X			
Stair and railings present and in good repair	X			
Cleanliness of the area	X			
Condition of Fire extinguishers	X			
Proper storage of equipment such as hoses, tools, etc. when not in use	X			
Condition of grounding system	X			
Concrete (containment/walls) in good repair	X			
Walking and working surfaces clean and in good repair	X			
Condition/cleanliness of the motor (s)and pump(s)	X			



**MILESTONE**  
ENVIRONMENTAL SERVICES

**SAFETY: IT'S OUR FAMILY VALUE**

**MANAGER  
MONTHLY  
SLURRY  
FACILITY  
INSPECTION**

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
Electrical connection and boxes in good repair	X			
Cones and flags present and in good repair	X			
Other			X	
<b>MAINTENANCE/ STORAGE/ SHOP AREA</b>				
Condition and legibility of all signs and postings	X			
Stair and railings present and in good repair	X			
Condition of fire extinguishers	X			
Cleanliness of the entire maintenance shop area, including all floors/benches/storage areas	X			
Proper storage of tools, ladders and equipment when not in use	X			
Drums/containers properly labeled and kept in designated location	X			
All flammable/combustible liquids stored in Safety Cans/containers	X			
Heavy parts stored on proper height shelves to allow for safe lifting. Parts that can roll stored on shelves with lip to prevent rolling off or on bottom shelves.	X			
Other			X	
<b>MCC ROOM/ELECTRICAL PANEL AREA</b>				
Electrical panels labeled	X			
All electrical panels closed and secure	X			
Fire extinguishers present and serviceable	X			
Clean and Orderly	X			
Other			X	
<b>TANK BATTERY AREA/MIX TANK/INJECTION PUMP</b>				
General housekeeping	X			
Check pop off valve, operation and maintenance	X			
Condition and legibility of all signs and postings	X			
Condition of fire extinguishers	X			
Condition of concrete/earthen containment(s)	X			
Proper storage of equipment such as hoses, tools, ladders, etc. when not in use	X			
Condition/cleanliness of the motor (s)and pump(s)	X			
Structural integrity of fixed ladders, staircases and platforms to storage tanks	X			
Condition of electrical boxes and outlets	X			



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**MANAGER  
MONTHLY  
SLURRY  
FACILITY  
INSPECTION**

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

Item	OK	Needs Attn	N/A	REQUIRED CORRECTION / MAINTENANCE
Machine guarding in place	X			
Vegetation properly mowed with no accumulation of vegetation	X			
Grounding system present and in good repair	X			
Other			X	
<b>WELLHEAD/ HIGH PRESSURE AREAS</b>				
Are all high pressure hoses secured with whip checks	X			
Injection well labeled with how many turns it takes to open/close each valve	X			
Condition of whip checks	X			
Cbles/shackles on EIP/DIP screw caps	X			
<b>FRAC TANK AREA</b>				
General housekeeping	X			
Proper storage and/or disposal of flammable materials	X			
Condition of earthen berm	X			
Other			X	
<b>EMPLOYEE HOUSING AREAS</b>				Check box if you do not have housing <input type="checkbox"/>
Common areas clean, and appliances work	X			
Employee rooms and porch area clean	X			
RV area free of trash, and orderly	X			
Condition of fire extinguishers/smoke detectors	X			
Stair and railings present and in good repair	X			
<b>GENERAL INSPECTION ITEMS</b>				
Nylon/cable slings in good condition	X			
Emergency Eye Wash/ Shower operational	X			
Perimeter fence/barrier in good condition	X			
Fall protection is in serviceable condition	X			
Mobile Equipment Inspection documented weekly	X			
Safety documentation reviewed/maintained/filed	X			
All facility TRRC signs correct/readable/present	X			
Condition of pressure-washing equipment	X			
Condition of hand and power tools	X			





**MILESTONE**  
ENVIRONMENTAL SERVICES

**SAFETY: IT'S OUR FAMILY VALUE**

**MANAGER  
MONTHLY  
SLURRY  
FACILITY  
INSPECTION**

Created: 2-13-17

Revision #: 9

Reviewed Date 5/13/21

**Inspector Certification:** I certify that I have completed the above inspection and that the attached documentation is true and correct.

*Jimmy Hamilton*



Milestone Environmental Services  
840 Gessner Rd., Suite 600  
Houston, Texas 77024

**ATTACHMENT C**  
*Migratory Bird Inspection Logs – 2025*

















**MILESTONE**  
ENVIRONMENTAL SERVICES

**SAFETY: IT'S OUR FAMILY VALUE**

# MIGRATORY BIRD INSPECTION FORM

Created: 2023-01-01

Revision #:0

Reviewed Date: **2023-01-01**

Inspector Name: **Joseph Kurtz**

Date of Inspection: **02/03/2025**

Facility: **Battle Axe**

**NOTICE OF INCIDENT OR INSPECTION**

**Yes**

**No**

**IDENTIFICATIONS AND/OR REQUIRED CORRECTION**

inspection

X

no birds/wildlife found





**MILESTONE**  
ENVIRONMENTAL SERVICES

**SAFETY: IT'S OUR FAMILY VALUE**

# MIGRATORY BIRD INSPECTION FORM

Created: 2023-01-01

Revision #:0

Reviewed Date: **2023-01-01**

Inspector Name: **Joseph Kurtz**

Date of Inspection: **04/01/2025**

Facility: **Battle Axe**

NOTICE OF INCIDENT OR INSPECTION	Yes	No	IDENTIFICATIONS AND/OR REQUIRED CORRECTION
----------------------------------	-----	----	--

inspection

X

no birds/wildlife found





**MILESTONE**  
ENVIRONMENTAL SERVICES

**SAFETY: IT'S OUR FAMILY VALUE**

# MIGRATORY BIRD INSPECTION FORM

Created: 2023-01-01

Revision #:0

Reviewed Date: **2023-01-01**

Inspector Name: **Joseph Kurtz**

Date of Inspection: **06/02/2025**

Facility: **Battle Axe**

**NOTICE OF INCIDENT OR INSPECTION**

**Yes**

**No**

**IDENTIFICATIONS AND/OR REQUIRED CORRECTION**

inspection

X

no birds/wildlife found





**MILESTONE**  
ENVIRONMENTAL SERVICES

**SAFETY: IT'S OUR FAMILY VALUE**

# MIGRATORY BIRD INSPECTION FORM

Created: 2023-01-01

Revision #:0

Reviewed Date: **2023-01-01**

Inspector Name: **Hector Cervantes**

Date of Inspection: **08/01/2025**

Facility: **Battle Axe**

NOTICE OF INCIDENT OR INSPECTION	Yes	No	IDENTIFICATIONS AND/OR REQUIRED CORRECTION
----------------------------------	-----	----	--

inspection

X

no birds/wildlife found









Milestone Environmental Services  
840 Gessner Rd., Suite 600  
Houston, Texas 77024

**ATTACHMENT D**  
*Vadose Zone Monitoring Well Logs – 2025*



**Battle Axe Facility (Permit No. NM1-64)**  
**Vadose Zone Monitoring Form**

Revision Date: 12/05/2022

Reporting Year:

Gauge Month / Day	Date of measurement	Time of Measurement	Well No.	Water Encountered? (Y/N)	Depth to water (ft or NA if none encountered)
January 5th	1/5/2024	7:00	VZM-1	N	N/A
January 5th	1/5/2024	7:15	VZM-2	N	N/A
January 5th	1/5/2024	7:25	VZM-3	N	N/A
January 20th	1/19/2024	13:10	VZM-1	N	N/A
January 20th	1/19/2024	13:25	VZM-2	N	N/A
January 20th	1/19/2024	13:45	VZM-3	N	N/A
February 5th	2/5/2024	14:35	VZM-1	N	N/A
February 5th	2/5/2024	14:45	VZM-2	N	N/A
February 5th	2/5/2024	14:55	VZM-3	N	N/A
February 20th	2/20/2024	13:30	VZM-1	N	N/A
February 20th	2/20/2024	13:40	VZM-2	N	N/A
February 20th	2/20/2024	13:50	VZM-3	N	N/A
March 5th	3/5/2024	13:50	VZM-1	N	N/A
March 5th	3/5/2024	14:05	VZM-2	N	N/A
March 5th	3/5/2024	14:15	VZM-3	N	N/A
March 20th	3/20/2024	9:00	VZM-1	N	N/A
March 20th	3/20/2024	9:15	VZM-2	N	N/A
March 20th	3/20/2024	9:30	VZM-3	N	N/A
April 5th	4/5/2024	11:40	VZM-1	N	N/A
April 5th	4/5/2024	11:55	VZM-2	N	N/A
April 5th	4/5/2024	12:05	VZM-3	N	N/A
April 20th	4/19/2024	13:15	VZM-1	N	N/A
April 20th	4/19/2024	13:30	VZM-2	N	N/A
April 20th	4/19/2024	13:40	VZM-3	N	N/A
May 5th	5/6/2024	16:10	VZM-1	N	N/A
May 5th	5/6/2024	16:45	VZM-2	N	N/A
May 5th	5/6/2024	16:55	VZM-3	N	N/A
May 20th	5/19/2024	8:55	VZM-1	N	N/A
May 20th	5/19/2024	9:10	VZM-2	N	N/A
May 20th	5/19/2024	9:20	VZM-3	N	N/A
June 5th	6/5/2024	14:50	VZM-1	N	N/A
June 5th	6/5/2024	15:00	VZM-2	N	N/A
June 5th	6/5/2024	15:10	VZM-3	N	N/A
June 20th	6/20/2024	11:10	VZM-1	N	N/A
June 20th	6/20/2024	11:25	VZM-2	N	N/A
June 20th	6/20/2024	11:35	VZM-1	N	N/A

**Battle Axe Facility (Permit No. NM1-64)**  
**Vadose Zone Monitoring Form**

Revision Date: 12/05/2022

Reporting Year:

Gauge Month / Day	Date of measurement	Time of Measurement	Well No.	Water Encountered? (Y/N)	Depth to water (ft or NA if none encountered)
July 5th	7/5/2024	13:15	VZM-1	N	N/A
July 5th	7/5/2024	13:25	VZM-2	N	N/A
July 5th	7/5/2024	13:45	VZM-3	N	N/A
July 20th	7/19/2024	8:15	VZM-1	N	N/A
July 20th	7/19/2024	8:30	VZM-2	N	N/A
July 20th	7/19/2024	8:45	VZM-3	N	N/A
August 5th	8/5/2024	14:30	VZM-1	N	N/A
August 5th	8/5/2024	14:40	VZM-2	N	N/A
August 5th	8/5/2024	14:45	VZM-3	N	N/A
August 20th	8/20/2024	11:30	VZM-1	N	N/A
August 20th	8/20/2024	11:40	VZM-2	N	N/A
August 20th	8/20/2024	11:55	VZM-3	N	N/A
September 5th	9/5/2024	16:00	VZM-1	N	N/A
September 5th	9/5/2024	16:30	VZM-2	N	N/A
September 5th	9/5/2024	16:55	VZM-3	N	N/A
September 20th	9/20/2024	14:00	VZM-1	N	N/A
September 20th	9/20/2024	14:15	VZM-2	N	N/A
September 20th	9/20/2024	14:30	VZM-3	N	N/A
October 5th	10/5/2024	3:30	VZM-1	N	N/A
October 5th	10/5/2024	3:35	VZM-2	N	N/A
October 5th	10/5/2024	3:50	VZM-3	N	N/A
October 20th	10/20/2024	2:30	VZM-1	N	N/A
October 20th	10/20/2024	2:35	VZM-2	N	N/A
October 20th	10/20/2024	2:40	VZM-3	N	N/A
November 5th	11/5/2024	1:00	VZM-1	N	N/A
November 5th	11/5/2024	1:15	VZM-2	N	N/A
November 5th	11/5/2024	1:30	VZM-3	N	N/A
November 20th	11/20/2024	9:50	VZM-1	N	N/A
November 20th	11/20/2024	10:00	VZM-2	N	N/A
November 20th	11/20/2024	10:06	VZM-3	N	N/A
December 5th	12/5/2024	6:30	VZM-1	N	N/A
December 5th	12/5/2024	6:45	VZM-2	N	N/A
December 5th	12/5/2024	7:00	VZM-3	N	N/A
December 20th	12/20/2024	7:10	VZM-1	N	N/A
December 20th	12/20/2024	7:18	VZM-2	N	N/A
December 20th	12/20/2024	7:35	VZM-3	N	N/A

**Battle Axe Facility (Permit No. NM1-64)**  
**Vadose Zone Monitoring Form**

Revision Date: 12/05/2022

Reporting Year:

Gauge Month / Day	Date of measurement	Time of Measurement	Well No.	Water Encountered? (Y/N)	Depth to water (ft or NA if none encountered)
January 5th	1/6/2025	14:50	VZM-1	N	N/A
January 5th	1/6/2025	15:00	VZM-2	N	N/A
January 5th	1/6/2025	15:10	VZM-3	N	N/A
January 20th	1/20/2025	9:00	VZM-1	N	N/A
January 20th	1/20/2025	9:15	VZM-2	N	N/A
January 20th	1/20/2025	9:30	VZM-3	N	N/A
February 5th	2/5/2025	11:40	VZM-1	N	N/A
February 5th	2/5/2025	11:55	VZM-2	N	N/A
February 5th	2/5/2025	12:05	VZM-3	N	N/A
February 20th	2/20/2025	8:55	VZM-1	N	N/A
February 20th	2/20/2025	9:10	VZM-2	N	N/A
February 20th	2/20/2025	9:20	VZM-3	N	N/A
March 5th	3/5/2025	8:00	VZM-1	N	N/A
March 5th	3/5/2025	8:30	VZM-2	N	N/A
March 5th	3/5/2025	8:45	VZM-3	N	N/A
March 20th	3/20/2025	6:45	VZM-1	N	N/A
March 20th	3/20/2025	7:05	VZM-2	N	N/A
March 20th	3/20/2025	7:15	VZM-3	N	N/A
April 5th	4/4/2025	6:10	VZM-1	N	N/A
April 5th	4/4/2025	6:20	VZM-2	N	N/A
April 5th	4/4/2025	6:30	VZM-3	N	N/A
April 20th	4/21/2025	13:20	VZM-1	N	N/A
April 20th	4/21/2025	13:35	VZM-2	N	N/A
April 20th	4/22/2025	13:45	VZM-3	N	N/A
May 5th	5/5/2025	6:18	VZM-1	N	N/A
May 5th	5/5/2025	6:30	VZM-2	N	N/A
May 5th	5/5/2025	6:47	VZM-3	N	N/A
May 20th	5/20/2025	8:55	VZM-1	N	N/A
May 20th	5/20/2025	9:10	VZM-2	N	N/A
May 20th	5/20/2025	9:20	VZM-3	N	N/A
June 5th	6/5/2025	7:45	VZM-1	N	N/A
June 5th	6/5/2025	7:55	VZM-2	N	N/A
June 5th	6/5/2025	8:15	VZM-3	N	N/A
June 20th	6/21/2025	11:10	VZM-1	N	N/A
June 20th	6/21/2025	11:25	VZM-2	N	N/A
June 20th	6/21/2025	11:35	VZM-1	N	N/A

**Battle Axe Facility (Permit No. NM1-64)**  
**Vadose Zone Monitoring Form**

Revision Date: 12/05/2022

Reporting Year:

Gauge Month / Day	Date of measurement	Time of Measurement	Well No.	Water Encountered? (Y/N)	Depth to water (ft or NA if none encountered)
July 5th	7/5/2025	7:30	VZM-1	N	N/A
July 5th	7/5/2025	7:45	VZM-2	N	N/A
July 5th	7/5/2025	7:55	VZM-3	N	N/A
July 20th	7/21/2025	10:10	VZM-1	N	N/A
July 20th	7/21/2025	10:25	VZM-2	N	N/A
July 20th	7/21/2025	11:00	VZM-3	N	N/A
August 5th	8/5/2025	12:20	VZM-1	N	N/A
August 5th	8/5/2025	12:40	VZM-2	N	N/A
August 5th	8/5/2025	1:00	VZM-3	N	N/A
August 20th	8/23/2025	7:00	VZM-1	N	N/A
August 20th	8/23/2025	7:10	VZM-2	N	N/A
August 20th	8/23/2025	7:20	VZM-3	N	N/A
September 5th	9/5/2025	9:00	VZM-1	N	N/A
September 5th	9/5/2025	12:00	VZM-2	N	N/A
September 5th	9/5/2025	5:00	VZM-3	N	N/A
September 20th	9/20/2025	6:00	VZM-1	N	N/A
September 20th	9/20/2025	6:18	VZM-2	N	N/A
September 20th	9/20/2025	7:00	VZM-3	N	N/A
October 5th					
October 5th					
October 5th					
October 20th					
October 20th					
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December 5th					
December 20th					
December 20th					
December 20th					



Milestone Environmental Services  
840 Gessner Rd., Suite 600  
Houston, Texas 77024

**ATTACHMENT E**  
*Employee Training Matrix*



Employee Name	Hire Date	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10
Chavez	8/21/2023	X									
Chavira	4/28/2021	X	X								X
Cortez	6/5/2024	X	X								X
Del Rio	3/6/2024										
Gaitan	8/20/2025										
Marroquin	7/23/2025										
Martinez	11/7/2023	X	X								X
Meisenbach	6/28/2021	X	X								X
Munoz	7/14/2022	X	X								X
Perez	4/25/2023	X	X								X
Rocha	2/7/2022	X	X								X
Rodriguez	2/3/2021	X	X								X

**Notes**  
 \* - All New Hire Employees are subject to previous quarterly training at date of hire.

"..." indicates that employee was not working at the Battle Axe facility at the time of training.

Unit H of Section 25, Township 24, Range 34 East  
 1290 NM Highway 128 Jal,  
 Lea County, New Mexico 88252

Monthly Training Matrix

Milestone Environmental Services, LLC  
 OGRID No. 328435  
 Baeza SWD Commercial Waste Management Facility  
 (Permit No. NM1-64)



Year: 2025

Last Name	Employees*		July Preventing Slips, Trips, and Falls	August Safe Operating Procedures	September H2S Awareness	October	November	December
	First Name	Hire Date						
Aguirre	Rogelio	3/28/2022	--	--	--	--	--	--
Arroyo	Dante	12/21/2022	X	X	X			
Ballesteros	Daniel	8/29/2023	--	--	--			
Barnhill	Colby	2/12/2025	X	X	X			
Chavez	Felix	8/21/2023	X	X	X			
Chavira	Miguel	4/28/2021	X	X	X			
Cortez	Angel	6/5/2024	X	X	--			
Del Rio	Ben-Ricky	3/6/2024	X	X	X			
Gaitan	Jeremiah	8/20/2025	X	X	X			
Marroquin	Miguel	7/23/2025	X	X	X			
Martinez	Luis	11/7/2023	X	X	X			
Meisenbach	Hugo	6/28/2021	X	X	X			
Munoz	Victor	7/14/2022		X	X			
Perez	Fernando	4/25/2023	X	X	X			
Rocha	Roberto	2/7/2022	X	X	X			
Rodriguez	Mario	2/3/2021	X	X	X			

Notes

\* - All New Hire Employees are subject to previous quarterly training at date of hire.

"--" indicates that employee was not working at the Battle Ave facility at the time of training.



State of New Mexico  
Energy, Minerals and Natural Resources Department

---

**Michelle Lujan-Grisham**  
Governor

**Melanie A. Kenderdine**  
Cabinet Secretary

**Ben Shelton**  
Deputy Secretary

**Erin Taylor**  
Deputy Secretary

**Albert C.S. Chang**  
Division Director  
Oil Conservation Division



**ELECTRONIC MAIL ONLY**

November 13, 2025

Elizabeth Hartson  
Environmental Specialist  
Milestone Environmental Services  
840 Gessner Rd., Suite 600  
Houston, Texas 77024  
regulatory@milestone-es.com

**RE: Annual Report- 2025, Bond Update and Contingency Plan instruction  
Milestone Environmental Services, LLC (OGRID No. 328435)  
Baeza SWD Commercial Waste Management Facility (Permit No. NM1-64) Unit H of  
Section 25, Township 24, Range 34 East NMPM  
1290 NM Highway 128  
Jal, Lea County, New Mexico 88252**

Dear Ms. Hartson,

The NM Oil Conservation Division (OCD) has reviewed and hereby approves the 2025 Annual Report, with Closure Cost Estimates, for Milestone Environmental Services, LLC (OGRID No. 328435)- Baeza SWD Commercial Waste Management Facility (Permit No. NM1-64).

The OCD is currently holding surety bond SURU2210006086 in the amount of \$406,017. Please submit a replacement bond, or rider, in the amount of \$416,646, the amount stated in the 2025 annual report. After we receive the surety bond replacement, we will send a letter of approval for the replacement bond and a letter of release for the current bond.

Furthermore, the revised permit NM1-64 issued April 24, 2024 states in condition 6(L): "The operator must provide the OCD with a finalized contingency plan required by 19.15.36.13 N NMAC by September 1st 2024." In the approval email for the 2024 Annual Report, sent by OCD on May13, 2025, the OCD instructed Milestone to submit the finalized contingency plan within 45 days. **THE OCD HAS YET TO RECEIVE THE PLAN.** To be in compliance with 19.15.36.13 N NMAC, it is imperative that Milestone submit a finalized contingency plan immediately, through the permitting portal at [OCD Permitting](#) for OCD's review and consideration of approval.

Also, with future submittals, Milestone must upload documents through the permitting portal at [OCD Permitting](#) as we will no longer process/review paper copies.

If there are any questions regarding this matter, please do not hesitate to contact me at (505) 549-5583 or [Joseph.Kennedy@emnrd.nm.gov](mailto:Joseph.Kennedy@emnrd.nm.gov).

A handwritten signature in black ink, appearing to read "Joe Kennedy". The signature is written in a cursive style with a large, stylized initial "J".

**Joe Kennedy** • Senior Environmental Scientist

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<https://www.emnrd.nm.gov/ocd/contact-us>

**State of New Mexico**  
**Energy, Minerals and Natural Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

CONDITIONS

Action 526185

**CONDITIONS**

Operator: Milestone Environmental Services, LLC 840 Gessner Road Houston, TX 77024	OGRID: 328435
	Action Number: 526185
	Action Type: [C-137] Non-Fee SWMF Submittal (SWMF NON-FEE SUBMITTAL)

**CONDITIONS**

Created By	Condition	Condition Date
joseph.kennedy	Please see letter emailed to Elizabeth Hartson of Milestone on 11/13/2025	11/13/2025