NM1 - 35

Part 36 ANNUAL REPORT

September 1, 2020

Lea Land, LLC Surface Waste Management Facility Oil Conservation Department Annual Report

LIST OF ATTACHMENTS

| Atta | chm | ent | No |
|------|-----|-----|----|
| | | | |

Title

A MONTHLY INSPECTION CHECK SHEETS

- JULY 8, 2019
- AUGUST 5, 2019
- SEPTEMBER 3, 2019
- OCTOBER 8, 2019
- NOVEMBER 5, 2019
- DECEMBER 9, 2019
- JANUARY 6, 2020
- FEBRUARY 3, 2020
- MARCH 2, 2020
- APRIL 6, 2020
- MAY 4, 2020
- JUNE 11, 2020
- JULY 1, 2020

B MONTHLY TRAINING LOGS

- JULY 2019
- AUGUST 2019
- SEPTEMBER 19, 2019
- OCTOBER 19, 2019
- NOVEMBER 5, 2019
- DECEMBER 2019
- JANUARY 2020
- FEBRUARY 2020
- MARCH 2020
- APRIL 2020
- MAY 2020
- JUNE 2020
- JULY 2020

| Neather Information: Dec 100° Har Description of Name of Personnel Conducting Inspection: Locoutives suited discharges of pollutants: Incidents of noncompliance observed: | Hat Description of I Locowhileses | 100 And Description of Discharges occurring inspection: 10-10-10-10-10-10-10-10-10-10-10-10-10-1 |
|--|---|--|
| Additional control measures needed to comply with the permit requirements: | by with the permit requiplete the table reflecti | ilrements: Aby Englands of the area. |
| Area | Condition (Circle One) | Notes For any line with a "Needs Improvement" rating Date Corrected |
| Heavy equipment maintenance and refueling | Satisfactory Needs Improvement | |
| Product Storage | Needs Improvement | |
| Solid waste hauling and disposal | Needs Improvement | ANA ANA PROPERTY OF THE PROPER |
| Cover material application | Needs Improvement | |
| Leachate collection | CSulisfactory Needs Improvement | |
| Barth/soil moving | Needs Improvement | SERVINGER SERVIN |
| l certify under penalty of law that this document and all attachments were prepared under my accordance with a system designed to ensure that qualified personnel properly gathered and submitted. Based on my inquiry of the person or persons who manage the system, or the person gathering the information, the information submitted is, to the best of my knowledge and takes. | ment and all attachm are that qualified per on or persons who m | l certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or the persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and testing. |

Printed Name

2 tules

Signature

imprisonment for knowing violations.

am aware that there are significant penalties for submitting false information, including the possibility of fine and gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I

| am aware that there are significant penalt imprisonment for knowing violations. Signature Printed Name | l certify under penalty of law that this doct accordance with a system designed to ensusubmitted. Based on my inquiry of the persuathering the information, the information sub- | Leachate collection | Solid waste hauling and disposal | Heavy equipment maintenance and refueling Product Storage | Arca | Weather Information: DRy 100 Weather Information: DRy 100 Name of Personnel Conducting Inspection: Job Willeas Signature, Previously unidentified discharges of pollutants: Incidents of noncompliance observed: Additional control measures needed to comply with the permit requirements: Visually inspect the following areas and complete the table reflecting current |
|--|---|---|--|--|--|---|
| am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Signature Date Date Title Title | certify under penalty of law that this document and all attachments were prepared under my direction or supervision in submitted. Based on my inquiry of the person or persons who manage the system, or the persons directly responsible for | Needs Improvement SAT SFACTORY Needs Improvement SAT SFACTORY | Needs Improvement Satisfactory Satisfactory Needs Improvement Satisfactory Satisfactory | on the state of th | Condition Notes For any line with a "Needs Improvement" rating (Circle One) note what will be done and when it was corrected | Weather Information: DRy 100° Name of Personnel Conducting Inspection: Jos Williams. Signature of Personnel Conducting Inspection: Jos Williams. Signature of Control discharges of pollutants: Previously unidentified discharges of pollutants: Incidents of noncompliance observed: Additional control measures needed to comply with the permit requirements: Visually inspect the following areas and complete the table reflecting current status of the area. |

| submitted. Based on my inquiry of the person gathering the information, the information submit am aware that there are significant penalties imprisonment for knowing violations. Signature Printed Name Title | certify under negative of law that the | The folder is an amount of the second | Cover material application | Solid waste hauling and disposal | Product Storage | Heavy equipment maintenance and refueling | Arca | Date: 9-3-19 Weather Information: Dev 9:00 Name of Personnel Conducting Inspection: Description of Discharge Previously unidentified discharges of pollutants: Incidents of noncompliance observed: Additional control measures needed to comply with the permit requirements: Visually inspect the following areas and complete the table reflecting current |
|--|--|--|--------------------------------|----------------------------------|----------------------------------|---|---|--|
| submitted. Based on my inquiry of the person or persons who manage the system, or the persons directly responsible for am aware that there are significant penalties for submitting false information, including the persons directly responsible for imprisonment for knowing violations. Printed Name Title A 2 9 Title Title | Needs Inprovement | Sulisfactory Needs Linprocentent | Satisfactory Needs Improvement | Satisfactory Needs Improvement | Salisfactory Needs Iniprovement | Needs Improvement | Notes For any line with a bone and mote what will be done and | Description of Die Color of Die |

| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or the persons directly responsible for am aware that there are significant penalties for submitted is, to the best of my knowledge and belief, true, accurate, and complete imprisonment for knowing violations. Signature Date Printed Name | Needs improvement | Farth/soil moving Range Collection Needs improvement | tion | sal | 3 | mance and refueling | Area Condition (Circle One) | Additional control measures needed to comply with the permit requirements: Albale Visually inspect the following areas and complete the table reflecting current status of the area. | Time: 9:00 stion: 10 Ostive ollutants: | 11-1-10 |
|---|-------------------|--|------------------|----------------|---------|---|---|---|--|---------|
| nents were prepared under my direction or supervision in onnel properly gathered and evaluated the information nanage the system, or the persons directly responsible for est of my knowledge and belief, true, accurate, and complete. I information, including the possibility of fine and Date Date | SATEFACTORY | SATISPACTOM | Spr. S. Fred me, | Satisfications | Cartony | CONTACTOR AND | Notes - For any line with a "Need Improvement" rating Note what will be done and when it was corrected | rements: None current status of the area. | Description of Discharges occurring during inspection 10mpH(ENE) | |

Title

| Date: 2-9-19 Weather Information: Day 67 Name of Personnel Conducting Inspection: Day 67 Previously unidentified discharges of pollutants: Incidents of noncompliance observed: | Time: 10:00 And Descriptions: | Description of Discharges occurring during Inspection 10 mg/4 S us Signature: \(\text{VOMS} \) |
|--|---|--|
| Visually inspect the following areas and complete the table reflecting current status of the area | with the permit require lete the table reflecting | ments: NINE current status of the area. |
| Area | Condition (Circle One) | Notes - For any line with a "Need Improvement" rating Date Corrected |
| Heavy equipment maintenance and refueling | Satisfactory | - |
| Product Storage | Needs improvement | SATISFACTORY |
| Commer Coolings | Needs improvement | |
| Solid waste hauling and disposal | Satisfactory | ATISTING CORPL |
| Cover material application | Satisfactory | O retis Pationy |
| T - I - I - I | Needs improvement | Salicentra |
| Leachare collection | Satisfactory | C 1 1 |
| Earth/soil moving | Satisfactory | ORTISERETOR |
| | Needs improvement | SatisFactory |
| I certify under penalty of law that this docur accordance with a system designed to ensur submitted. Based on my inquiry of the pers gathering the information, the information s am aware that there are significant penalties imprisonment for knowing violations. | nent and all attachme e that qualified person on or persons who ma ubmitted is, to the bea for submitting false i | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or the persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |
| Signature Signature | | 12-19-19 |
| 0 | 22 | C |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | C) 110 En 111 1 + |

| Printed Name | Signature Cat. (So) | I certify under penalty of law that this document and all attachments were prepared under my direction accordance with a system designed to ensure that qualified personnel properly gathered and evaluated t submitted. Based on my inquiry of the person or persons who manage the system, or the persons direct gathering the information, the information submitted is, to the best of my knowledge and belief, true, as am aware that there are significant penalties for submitting false information, including the possibility comprisonment for knowing violations. | | Earth/soil moving | Leachate collection | Cover material application | Desorting and any man | Solid waste barries and discount | Product Storage | Heavy equipment maintenance and refueling | Area | Visually inspect the following areas and complete the table reflecting current status of the area. | Date: 1-6-20 Weather Information: DR 475 Name of Personnel Conducting Inspection: Previously unidentified discharges of pollutants: Incidents of noncompliance observed: |
|------------------------|---------------------|--|-------------------|-------------------|--------------------------------|--------------------------------|-----------------------|----------------------------------|-------------------|---|---|--|--|
| | | ment and all attachmore that qualified person or persons who massubmitted is, to the best for submitting false is | Needs improvement | Satisfactory | Satisfactory Needs improvement | Satisfactory Needs improvement | Needs improvement | Needs improvement | Needs improvement | Satisfactory | Condition (Circle One) | y with the permit require plete the table reflecting o | ne: 8:00 |
| Title Superintence out | 1-6-20 Date | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or the persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SATISFACTORY | OK18 FRETORY | 1 | Sercials | SATISFANTINA | Satisfactory | SATISTACTORY. | Two what will be done and when it was corrected | Notes - For any line with a "Need Improvement" rating Date Corrected | ments: Nordes. | Sig |

| Weather Information: Name of Personnel Conducting Inspection: Previously unidentified discharges of pollutants: Incidents of noncompliance observed: | ne: 1:00 And Discher Description of Discher Description of Discher Dis | 3 |
|--|--|----------------|
| Additional control measures needed to comply with the permit requirements: Visually inspect the following areas and complete the table reflecting current | Additional control measures needed to comply with the permit requirements: | |
| Area | | Date Corrected |
| Heavy equipment maintenance and refueling | Satisfactory Needs improvement | |
| Product Storage | Satisfactory Needs improvement | |
| Solid waste hauling and disposal | Satisfactory Needs improvement | |
| Cover material application | Satisfactory Needs improvement | |
| Leachate collection | Satisfactory) Needs improvement | |
| Earth/soil moving | Satisfactory Needs improvement | |
| I certify under penalty of law that this doct accordance with a system designed to ensu submitted. Based on my inquiry of the per gathering the information, the information am aware that there are significant penaltic imprisonment for knowing violations. | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or the persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | |
| Signature | 2-3-2020 | |
| Printed Name | Superint Endow! | |

Title

| Printed Name | Signature Carte Car | I certify under penalty of law that this docu accordance with a system designed to ensu submitted. Based on my inquiry of the pergathering the information, the information am aware that there are significant penaltic imprisonment for knowing violations. | 1 | Earth/soil moving | Leachate collection | сот шаксна аррисаноп | Cover material amiliantia | Solid waste hauling and disposal | Product Storage | Sillight of the state of the st | Heavy equipment maintenance and maintenance | Area | Additional control measures needed to comply with the permit requirements: Now E. Visually inspect the following areas and complete the table reflecting current status of | Incidents of noncompliance observed: | Date: 3-2-2D2D Weather Information: DAY 66 Name of Personnel Conducting Inspection: |
|-------------------------|---------------------|--|-------------------|-------------------|------------------------------------|----------------------|---------------------------|----------------------------------|-----------------------------------|--|--|---|--|--------------------------------------|---|
| Title Superint towd out | 3-2-2020 Date | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or the persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Needs improvement | Safisfactory | Satisfactory/ Needs improvement | Needs improvement | Needs improvement | Satisfactory | Satisfactory Needs improvement | Needs improvement | ne) Note what will be done and when it was corrected | Condition Notes - For any line with a "Need Improvement" rating Date Correcte | Additional control measures needed to comply with the permit requirements: Now E Visually inspect the following areas and complete the table reflecting current status of the area. | | Time: 8:00 Am Description of Discharges occurring dwing inspection 10-15 mpH (W) |

| I certify under penalty of law that this doct accordance with a system designed to ensu submitted. Based on my inquiry of the per gathering the information, the information am aware that there are significant penaltic imprisonment for knowing violations. Signature Signature | Earth/soil moving | Leachate collection | Cover material application | Solid waste hauling and disposal | Product Storage | Heavy equipment maintenance and refueling | Area | Weather Information: DR, 75" Weather Information: DR, 75" Name of Personnel Conducting Inspection: Description of Previously unidentified discharges of pollutants: Incidents of noncompliance observed: Additional control measures needed to comply with the permit requirements: Visually inspect the following areas and complete the table reflecting current |
|---|--------------------------------|---------------------------------|--------------------------------|----------------------------------|--------------------------------|---|---|---|
| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or the persons directly responsible for am aware that there are significant penalties for submitted is, to the best of my knowledge and belief, true, accurate, and complete. I imprisonment for knowing violations. Signature Date Title | Satisfactory Needs-improvement | Satisfactory Needs improvement | Satisfactory Needs improvement | Satisfactory Needs improvement | Satisfactory Needs improvement | ment | Condition Notes - For any line with a "Need Improvement" rating Date Corrected (Circle One) | Date: 4-6-2020 Weather Information; DR4 75" Name of Personnel Conducting Inspection: Description of Discharges occurring during inspection 10-15-144 (5 E) Previously unidentified discharges of pollutants: Incidents of noncompliance observed: Additional control measures needed to comply with the permit requirements: Visually inspect the following areas and complete the table reflecting current status of the area. |

| I certify under penalty of law that this docuse accordance with a system designed to ensur submitted. Based on my inquiry of the persent gathering the information, the information sam aware that there are significant penalties imprisonment for knowing violations. Signature | Earth/soil moving | Leachate collection | Cover material application | Solid waste naming and disposal | Colid wasts balling and it | Surfament mannerance and tenteling | Heavy equipment maintenance and softening | Date: 5-4-2020 Weather Information: Name of Personnel Conducting Inspection: Previously unidentified discharges of pollutants: Incidents of noncompliance observed: Additional control measures needed to comply with the permit requirements: Visually inspect the following areas and complete the table reflecting current |
|--|--------------------------------|--------------------------------|--------------------------------|---------------------------------|----------------------------|------------------------------------|--|---|
| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or the persons directly responsible for am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Signature Date | Satisfactory Needs improvement | Satisfactory Needs improvement | Satisfactory Needs improvement | Needs improvement | Needs improvement | Needs improvement | (Circle One) Note what will be done and when it was corrected Note what will be done and when it was corrected | Date: 5-4-2020 Weather Information: Day 1000 Name of Personnel Conducting Inspection: Previously unidentified discharges of pollutants: Incidents of noncompliance observed: Additional control measures needed to comply with the permit requirements: Visually inspect the following areas and complete the table reflecting current status of the area. |

Printed Name

| Signature Signature Printed Name | I certify under penalty of law that this doc accordance with a system designed to ensu submitted. Based on my inquiry of the per gathering the information, the information am aware that there are significant penaltic imprisonment for knowing violations. | Earth/soil moving | Leachate collection | Cover material application | Country massic manning and disposal | Solid waste harding and dimend | Product Storage | Иоми одна | Incidents of noncompliance observed: Additional control measures needed to comply with the permit requirements: Visually inspect the following areas and complete the table reflecting current Area | Date: 5-11-2020 Weather Information: DRY 81° Name of Personnel Conducting Inspection: |
|--------------------------------------|--|--------------------------------|---------------------|-----------------------------------|-------------------------------------|--------------------------------|-----------------|---|--|--|
| Date Date Sup Eleva Tendent Title | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or the persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Satisfactory Needs improvement | Needs improvement | Satisfactory Needs improvement | Needs improvement | Needs improvement | ovement | (Circle One) Notes - For any line with a "Need Improvement" rating Note what will be done and when it was corrected | Incidents of noncompliance observed: Additional control measures needed to comply with the permit requirements: Visually inspect the following areas and complete the table reflecting current status of the area. Area | Time: 1.0:00 Am Description of Discharges occurring during inspection 5-10-mpH (5SE) Signature: 108 (11) |
| | | | | | | | | orrected | | |

| Printed Name | Signature Signature | I certify under penalty of law that this docaccordance with a system designed to ensubmitted. Based on my inquiry of the pegathering the information, the information am aware that there are significant penaltimprisonment for knowing violations. | | Earth/soil moving | reariate cottection | | Cover material application | and disposal | Colid words boards and J. P. | Froduct Storage | Supplied of the supplied of th | Hall Day Ville | Area | Additional control measures needed to comply with the permit requirements: Visually inspect the following areas and complete the table reflecting current | Incidents of noncompliance observed: | Name of Personnel Conducting Inspection: | Date: 7-1-2020 |
|---------------|---------------------|--|-------------------|-------------------|---------------------|-------------------|----------------------------|-------------------|------------------------------|-----------------|--|------------------------------|---|--|--------------------------------------|---|----------------|
| Superint dent | 7-1-2020 Date | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or the persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Needs improvement | Satisfactory | Needs improvement | Needs improvement | Salisfactory | Needs improvement | Needs improvement | Satisfactory | Needs improvement | Note what will be done and v | Notes - For any line with a "Need Improvement" rating | Additional control measures needed to comply with the permit requirements: Visually inspect the following areas and complete the table reflecting current status of the area. | MONS | Dozbative cos Signature: Signature: Signature: Signature: Signature: Dozbative inspection 10-15 mpH (ESE) | Time: give A |

| DATE |
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July 2019

PURPOSE_

CUE COLUMN

- watch for snakes Hot Days are here Be aware of your surroundings, watch behind you
 - behind you keep an eye on drivers getting on 3 off of their trucks
 - when pushing on a lift WATCH your edges THEY WILL GIVE!
 - make sure to wear proper work

familiarise yourself with the Mustard point incase of emergency use proper looder/Dozer operation

| | DATE |
|------------|---|
| | PURPOSE |
| | August 2019 |
| CUE COLUMN | NOTES NOTES |
| | |
| | · Communication and consistent hand signals |
| | -boom up |
| | - boam down |
| | - curl bucket in |
| | - curl bucket out (empty) |
| | - roll forward |
| | - roll madrine backward |
| | - stop |
| | - shot down madrine immediatly |
| | = slavilla |
| | - Slowly - this far |
| I g | - 1 - 0 100 H |
| | - dog everything |
| | |
| | · No response should be made to unclear |
| | signals' |
| | |
| | A COSTO |
| | a gold and |
| | full control |
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| | ACIDIA DONTAVIE |
| | Whater & - |
| | MIRALICITATIONS |
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DATE OLD TEM DER PURPOSE_

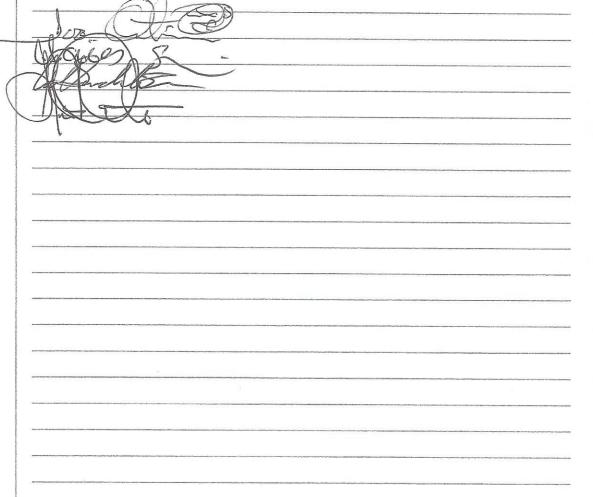
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| DATE | | 101 |)()), | 1 1 | |

| CUE COLUMN | NOTES | |
|------------|-------|--|
| | A. | |

Fall is Coming and it's starting to get Chilly (cold), wear a sweater or light jacket. Weather is Changing, so watch out for Snakes.

PURPOSE_

Also, its monsoon season and trucks may or will get stuck in the mud



Movember

PURPOSE Safety Awareness

| NOTES |
|--|
| PROtection Gear as Weather is Changing |
| and time is Changed to a more shorter day |
| always remember to check all fluids on all equipment eletides |
| and fires, batteries, proper affire in Such temperatures |
| Changing Safety is very important to keep. |
| US Frombarm, remember to drive safetly, |
| Keep in minus always leave home and work |
| With a good Clearmentality always Watchout |
| for other drivers too. In bad weather conditions |
| always carry flash lights, candles materies, |
| SNACK Water IN case of Driak Mounis Builde un |
| Keep up with heather conditions before taking |
| Off and plenty of fuel. (Time is Always A Must) |
| DRESS for the Wasther. |
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| Contact Contact |
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| A Comment of the comm |
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SUMMARY

TIME

CUE COLUMN

DATE Dec 2019
PURPOSE

CUE COLUMN NOTES

LANURY 2020 SALLY MEEtines CUE COLUMN MARLINE WARM-UP PRETRIF And PostRip 3 Pojus Stance PARKING SPOT

Feb 2020

DATE______PURPOSE_____

| ä. | | TON OUT |
|-------------|--|---------|
| CUE COLUMIN | Lockout/Tagout Muster Area | |
| | | |
| | Adago Cy | |
| | A CONTRACTOR OF THE STATE OF TH | |
| | | |

SUMMARY

60

| | . DATE |
|------------|--|
| | A PURPOSE |
| | March 20 |
| CUE COLUMN | NOTES |
| | |
| | Ladder Safety |
| | Laddor Safety Machines - death- |
| | extra clothors - |
| | |
| | Backovers |
| | Backovers Clear equipment-windows |
| | |
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| | Dog (Too |
| | 11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1 |
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| E COLUMN | NOTES |
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| | Snokes heat |
| | heat |
| | temp change Stay hydrated Fire prevention / control Fire break Wind |
| | Fire requestion (montal Fig hours |
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| DATE Q | 320 | |
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| PURPOSE | | |

MAY

CUE COLUMN NOTES keep an eye on bellys Dusty, Turn loader lights on (equipment) Hydration drink lots of water Watch your step

DATE JUNE 2020

| RIATER |
|--------------------------|
| NOTES |
| Wind |
| loading on level ground |
| Be aware of surroundings |
| Visibility |
| Heat expansion |
| Hydration |
| Dust control |
| Summertime Hegt |
| wash your hands |
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| Isquer ay |
| S. LONGUE |
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DATE JULY 2020
PURPOSE

| ALLEW CASELLED DO 2 | |
|--|--|
| CUE COLUMN | NOTES |
| | 1. Stay Hydrated |
| | 2. Son tize equipment |
| | 3. Keep Cool - Heat Sidvess |
| | 4. Situational Awareness |
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