



<b>Facility Inspected</b>	<input type="checkbox"/> VCHEC Landfill	<input checked="" type="checkbox"/> Mt. Storm Phase A Landfill	<input type="checkbox"/> Mt. Storm Phase B Landfill
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<b>Date of Inspection</b>	December 10, 2018	<b>Inspected By:</b>	John R. Klamut
	<b>Professional Engineer</b> John R. Klamut		<b>West Virginia PE Registration Number</b> 20866

**Professional Engineer Certification Statement**

I certify that the inspection of the above listed CCR Landfill was conducted in conformance with the requirements listed in 40 CFR Section 257.84, *Inspection Requirements for CCR Landfills*, and with generally accepted good engineering practices. This Certification/Statement of Professional Opinion is limited to the information available to GAI Consultants at the time the site visit was performed. The use of the words "certification" and/or "certify" in this document shall be interpreted and construed as a Statement of Professional Opinion and is not and shall not be interpreted or construed as a guarantee, warranty, or legal opinion.

<b>Print Name:</b>	John R. Klamut	<b>Title:</b>	Engineering Manager
<b>Signature:</b>		<b>Date:</b>	1/11/2019

Place Stamp Here



**Inspection Results – Mount Storm Phase A FGD Facility**

	Yes	No
<b>Was a review performed of available information regarding the status and condition of the CCR unit, including files in the operating record?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Yes	No
<b>Was a visual inspection performed to identify signs of stress or malfunction of the CCR unit?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Identify any changes in the geometry of the unit since the previous annual inspection.**

No significant changes. A minor amount of CCR was placed in the unit since the previous annual inspection.

<b>Present volume of the CCR contained in the unit at the time of the inspection (cubic yards)</b>	334,000
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**Identify any appearances of an actual or potential structural weakness of the CCR unit or existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit.**

None observed.

**Identify any changes that may have affected the stability or operation of the unit since the previous annual inspection.**

None observed.

**Additional comments**

No additional comments.