NPDES INSPECTION CHECKLIST
FOR REMEDIAL GENERAL PERMITTED FACILITY

FACILITY NAME: _____

NPDES PERMIT NUMBER: NHG_____

NPDES PERMIT EXPIRATION DATE: _____

I. PRE-INSPECTION INFORMATION

Permittee's Name: _____ Inspection Date:_____

Inspection Type: CSI CEI RI Closure Facility Type: Major Minor

Type of Treatment Process or Type of Discharge:_____Date of Last Inspection:_____

Type of Last Inspection: CSI CEI RI Last Inspection Performed by: DES EPA

Name and Title of Responsible Official:_____

Name of Operator in Responsible Charge:_____

Discharge Amt and Frequency: _____ Outfall Location: _____

Parameters tested: **attach RGP summary list** Sampling Frequency: _____

Facility Completes Own Analysis? Yes No **(*if yes, complete Section IX and ask to tour laboratory during site visit*)**

If no, Analytical Laboratory Name?

II. OPENING CONFERENCE

Inspection Date: _____

Time in: _____ Time out: _____

1. Present credentials/review inspection objectives. *(Objective-To ensure that the facility is being operated as needed to maintain compliance with the facility's NPDES permit).*
2. List people present (include Inspector Name(s)):

NAME	TITLE	PHONE #

3. E-mail address:_____
4. Permittee's mailing address:_____
5. Facility's mailing address: _____

III. PERMIT

1. YES NO NA Is a copy of the current permit onsite? *(40 CFR 122.21)* If no, explain: _____

2. YES NO NA If the permit is expired or due to expire within 180 days, has a reapplication package been submitted to DES and EPA *(40CFR122.21)* If no, explain: _____
_____

3a. YES NO NA Does the wastewater or treatment system conform to those in the permit application?

3b. YES NO NA If no, has EPA approved the change or has a NOC application been submitted?

IV. RECORDS/REPORTS

1. How long are the records and reports maintained by the permittee? _____
_____

2. YES NO NA If the facility monitors any permitted parameter more frequently than required by a permit, regardless of the testing method, are these results recorded? _____
_____
_____
___

3. YES NO Is there a Best Management Practices Plan (BMPP) on site?
If no, explain:_____

4. YES NO Is there a Preventative Maintenance Plan (PMP)?
If no, explain:_____

5. YES NO Has the permittee submitted an Annual Certification certifying that the BMPP was followed during the previous year (due before 2/15)?
If no, explain:_____

6. YES NO Are the Discharge Monitoring Reports (DMRs) completed correctly per EPA instructions? If no, explain:_____
_____

V. FACILITY SITE REVIEW

1. YES NO NA Is there any changes to the treatment system/design since the NOI was submitted? If yes, explain: _____
_____

2. YES NO Is there any change in flow conditions such as an increase or decrease in the daily average or maximum flow rate by more than 25%? If yes, explain: _____
_____

3. YES NO Is there any change in treatment such as add-ons or removal of any major operable unit of the system? If yes, explain: _____

_____

4. YES NO NA Are any chemical additives used to enhance treatment? If yes, explain: _____

_____

5. YES NO Is there any change in the discharge location? If yes, explain: _____

_____

6. YES NO NA If yes to 1-5, has an NOC (Notice of Change – See Appendix V) application been submitted to EPA and the state? If no, explain: _____

_____

7. YES NO Are there any unpermitted flows entering the groundwater or surface water from the wastewater treatment facility? *(RSA 485-A:13)* If yes, explain: _____

_____

_____

8. YES NO Is there any evidence of potential spills which can contribute pollutants to any storm drains? *(RSA 485-A:13)* If yes, explain: _____

_____

9. YES NO NA Does the wastewater treatment facility have any floor drains? *(Violation of RSA 485-A:13 if discharge to storm drain system, surface water or ground water unless specifically permitted)* If yes, where are they and where do they discharge? _____

_____

10. YES NO NA Is there any site security for the treatment and other systems related to the NPDES discharge? (Required as part of the BMP) If no or NA, explain:

_____

_____

VI. EFFLUENT/RECEIVING WATER

1. YES NO NA Are there any floating solids, oil sheen, color, or foam **in the effluent**? *(Observation)* If yes, explain: _____

_____

2. YES NO NA Are there any floating solids, oil sheen, color, foam or a recognizable plume **in the receiving water**? *(Permit Part I and Env-Ws 1703.03(c))* If yes, explain: _____

_____

VII. FLOW MEASUREMENT

1. YES NO NA Are influent and effluent flow measuring device(s) used? _____
If no, explain: _____

2. YES NO Is there an effluent flow totalizer? If no, explain: _____

_____

3. YES NO NA Are all flow measuring devices clean and free of debris and deposits?
If no, explain: _____

4. YES NO NA Is there any leakage around any of the flow measuring devices? *(may result in inaccurate flow measurement)* If yes, explain: _____
_____

VIII. SELF MONITORING

1. YES NO Are the sampling locations representative of the wastestream? If no, explain: _____
_____

2. YES NO NA Are all samples which require preservation properly preserved? If no, explain:
_____

3. YES NO Are the correct sample containers being used? If no, explain: _____
_____

4. YES NO Is all the sampling equipment and glassware cleaned before being used? If no, explain: _____
_____

5. YES NO Is there metals sampling? _____

6. YES NO NA If yes to 5, are the sampling containers acid washed prior to sample collection as required by the approved analytical methods in the facility's permit? If no, explain: _
_____

IX. LABORATORY

Complete this section if the facility is doing their own analysis

1. YES NO Are the correct analytical testing procedures used and holding times met? If no, explain: _____
_____

2. YES NO NA With each batch of samples analyzed, is the facility conducting quality control standards, sample duplicates, spikes and blanks? If no explain: _____
_____

3. YES NO NA Is the facility calibrating and maintaining all laboratory instruments and equipment on the basis specified in the 40 CFR 136 Analytical Method or in the QA Manual? If no, explain: _____
_____
___

4. YES NO NA Are the reagents and standards being used expired? If yes, explain: _____

_____

5. YES NO NA Are the standard reagents and solvents properly stored? ? If no, explain: _____
_____

6. YES NO NA Is proper grade laboratory water available for specific analyses? If no, explain: _____
_____

X. OPERATION AND MAINTENANCE

1. YES NO NA Does the treatment facility have an alarm system for all essential equipment? *(Recommendation only)* If no, explain: _____
_____

2. YES NO NA Do you check the facility alarm system? How often? _____When was the alarm system last checked? _____

3. YES NO NA Are routine and preventive maintenance (Preventative Maintenance Plan – required by permit) scheduled, performed and recorded? If no, explain: _____
_____

4. YES NO NA Are all treatment units operable? *(Observation)* If no, explain: _____
_____

5. YES NO NA Are emergency phone numbers and notification procedures readily available and posted for EPA and DES and other critical parties? *(Recommendation only)* If no, explain: _____

6. YES NO NA Is a logbook kept which documents all plant activities on a daily basis? If no, explain: _____
___

XI. CLOSING CONFERENCE

1. Review Findings.
2. Explain what the next steps are.