



NPDES INSPECTION CHECKLIST HYDROELECTRIC GENERATING FACILITY (HYDROGP) PERMIT

Facility Name			
NPDES Permit Number		Expiration Date	

I. Pre-Inspection Information

A. General Facility Contact Information

Permittee Name:			
Responsible Official Name			
Responsible Official Title			
Responsible Charge Name		Grade	
Responsible Charge Title			

B. Last Inspection Information

Performed By: <input type="checkbox"/> EPA <input type="checkbox"/> NHDES	Inspection Type <input type="checkbox"/> CSI <input type="checkbox"/> RI <input type="checkbox"/> CEI	Last Inspection Date:
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C. Current Inspection Information

Inspection Date		Inspection Type
Time in:		<input type="checkbox"/> CSI
Time Out:		<input type="checkbox"/> CEI

BACKGROUND INFORMATION (Complete this section prior to going to facility)

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Submitted Discharge Monitoring Reports (DMRs) meet the requirements of timeliness, accuracy and completeness per EPA instructions, NHDES policy and permit requirements. (40CFR127.14) If no, explain: Click or tap here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has all permit testing been conducted at the correct frequency? (<i>Permit Part 2</i>) If no, explain: Click or tap here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have all other permit-required reports such as the annual BMP certification for the previous calendar year's inspections and maintenance activities, monitoring and reporting for facility maintenance-related water during flood/high water events, etc., been completed correctly and submitted on time? (<i>Permit Part 5</i>). If no, explain: Click or tap here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has all noncompliance which may endanger health or the environment, including all violations of daily limits, a) been orally reported within 24 hours and b) followed up with a letter to EPA and DES within 5 days? (<i>Permit Part II, Section D</i>) If no, explain: Click or tap here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the facility taken corrective action to address all permit violations? (<i>Permit Part II, Section D</i>) If no, explain: Click or tap here to enter text.

II. Opening Conference

List of all people present including the inspector.

Name:	Phone:
Title:	Email:
Name:	Phone:
Title:	Email:
Name:	Phone:
Title:	Email:
Name:	Phone:
Title:	Email:

Permittee Mailing Address: _____

Facility physical Address: _____

III. Permit

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is a copy of the current permit accessible electronically or as a hard copy onsite or with the operator (40CFR122.41)? If no explain: Click or tap here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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: Click or tap here to enter text.

IV. Records/Reports

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a list of permit violations and DMR errors (NHDES Compliance Summary Report) been provided to the operator and discussed? If no explain: Click or tap here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has all permit testing been conducted at the correct frequency? (<i>Permit Part 2</i>). If no, explain: Click or tap here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the records and reports maintained by the permittee for at least 3 years? (40CFR122.21(p), 40CFR122.41(j)(2), Permit Part II) If no, explain: Click or tap here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the facility monitors any permitted parameter more frequently than required by the permit, using approved test methods and the same sample type, are these additional results included in DMR calculations? (Permit Part II Section D.1.d(2)) If no, explain: Click or tap here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is a random check of analytical results reported on the facilities bench sheets consistent with data reported by the permittee on their DMRs? (Part II Section C). If no, explain: Click or tap here to enter text.

Notes: [Click or tap here to enter text.](#)

V. Facility Site Review			
Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the facility properly operating and maintaining all of the applicable operations such as floor drains, trench drains, station sumps, oil/water separators, wheel pit drains or sumps, compressor blowdowns, equipment and seal leakage, lower guide bearing drains and other bearing-related discharges, various pit drains (gate stems, turbine access doors and scroll case access doors), and miscellaneous infiltration and seepage waters collected in a sump or an oil/water separator? (40CFR122.41(e) and Permit Part II – Section B.2.) If no, explain: Click or tap here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has there been a discharge from maintenance-related water from sump dewatering? <input type="checkbox"/> If yes, has the facility monitored the outfall discharge for the parameters listed in Part B.3.? If no, explain: Click or tap here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has there been a discharge associated with maintenance-related water during flood/high water event or for equipment-related backwash strainer water? <input type="checkbox"/> If yes, has the facility monitored the outfall for the parameters listed in Part B.4.? f no, explain: Click or tap here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there any evidence of severe corrosion in any piping or equipment? (40CFR122.41(e) and Permit Part II – Section B) If yes, explain: Click or tap here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there any evidence of severe corrosion in any piping or equipment? (40CFR122.41(e) and Permit Part II – Section B) If yes, explain: Click or tap here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there any breaks or leaks in any other piping? (40CFR122.41(e) and Permit Part II – Section B) If yes, explain: Click or tap here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there any unpermitted flows entering the groundwater or surface water from the facility? (RSA 485-A:13) If yes, explain: Click or tap here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there any evidence of potential spills which can contribute pollutants to any storm drains or surface water? (RSA 485-A:13) If yes, explain: Click or tap here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there any chemicals added for any purpose to the discharge(s)? If yes, what are they? Note: Only non-toxic neutralization chemicals may be used: Click or tap here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there any chemicals added for any purpose to the discharge(s)? If yes, what are they? Note: Only non-toxic neutralization chemicals may be used: Click or tap here to enter text.
Click to enter notes.			
VI. Effluent/Receiving Water Observation			
Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there any floating solids, oil sheen, color, or foam in the receiving water ? If yes, explain: Click or tap here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there any visible discoloration in the receiving water ? (Permit Part 1 and Env-Wq 1703.03(c)) If yes, explain: Click or tap here to enter text.
Notes: Click or tap here to enter text.			

VII. Flow Measurement

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the flow metered <input type="checkbox"/> or estimated <input type="checkbox"/> If metered, is the effluent flow measuring device professionally calibrated, at least once per year? (40CFR122.41(e) and Permit Part II). What type of effluent meter is used? Click or tap here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If applicable, do facility personnel check the calibration of the flow measuring device(s), between the annual professional calibrations, at least three times per year? (<i>Recommendation only</i>) If no, explain frequency. Click or tap here to enter text. If yes, do facility personnel record the results of these additional tests, and are the results within 10 percent accuracy? Click or tap here to enter text.

VIII. Self-Monitoring

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the sampling location representative of the discharge(s)? (<i>Permit Part I and II, Section C</i>) If no, explain: Click or tap here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are samples for the same outfall taken concurrently? Samples must be collected concurrently if possible. (<i>Permit Part II-Section B.6</i>) If no, explain: Click or tap here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all grab samples cooled or refrigerated to $\leq 6^{\circ}\text{C}$ from the time of collection until analysis including shipping time, if applicable? If no, explain: Click or tap here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are appropriate containers, preservation techniques and holding times being met? (<i>40CFR136.3 Table II and Permit Part II-Section B</i>) If no, explain: Click or tap here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is all the sampling equipment and glassware cleaned before being used? (<i>40CFR122.41(e), 40CFR136 and Permit Part II-Section B</i>) If no, explain Click or tap here to enter text.

Notes: [Click or tap here to enter text.](#)

IX. Operations and Maintenance

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all treatment units operable? (<i>Observation – may result in violation of permit 40CFR122.41(e) and Permit Part II-Section B</i>) If no, explain: Click or tap here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are routine and preventive maintenance scheduled, performed and recorded? (<i>40CFR122.41(e) and Permit Part II-Section B</i>) If no, explain: Click or tap here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the solid materials removed from the trash racks or intake screens disposed in accordance with the procedures developed in Part III.D.4? If no, explain: Click or tap here to enter text.

Notes: [Click or tap here to enter text.](#)

XI. Best Management Plan

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a written BMP plan been updated as required and available for review? Click or tap here to enter text.

X. Closing Conference

Review of Findings.

1	Click or tap here to enter text.
2	Click or tap here to enter text.
3	Click or tap here to enter text.
4	Click or tap here to enter text.
5	Click or tap here to enter text.
6	Click or tap here to enter text.

Next Steps: Final notes or comments