



# NPDES INSPECTION CHECKLIST REMEDIALTION GENERAL PERMIT (RGP)

Facility Name			
NPDES Permit Number		Expiration Date	

## I. Pre-Inspection Information

### A. General Facility Contact Information

Permittee Name:			
Responsible Official Name			
Responsible Official Title			
Operator in Responsible Charge(ORC) Name:		Grade	

### B. Last Inspection Information

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

### C. Current Inspection Information

Inspection Date		Sampling Date	
Inspection Type	Facility Type	Treatment Process:	
<input type="checkbox"/> CSI <input type="checkbox"/> RI	<input type="checkbox"/> Major	Disinfection Process:	
<input type="checkbox"/> CEI <input type="checkbox"/> Closure	<input type="checkbox"/> Minor	Facility Grade:	

### D. Permit Background

Discharge Amount:	Discharge Frequency:
Sampling Frequency:	Outfall Location

Parameters tested: **attach RGP summary list**

Does the facility complete its own analysis?

- ☐ Yes Complete the laboratory checklist.  
☐ No Analytical Laboratory Name [Click or tap here to enter text.](#)

Inspection Time In	<a href="#">Click or tap here to enter text.</a>	Inspection Time Out	<a href="#">Click or tap here to enter text.</a>
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## 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:

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

III. Permit			
Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is a copy (hard copy or electronic) of the current permit available onsite or with the operator? <i>Permit Part 4.5.2a.</i> If no, explain: <a href="#">Click or tap here to enter text.</a>
<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: <a href="#">Click or tap here to enter text.</a>
<a href="#">Click or tap here to enter text.</a>			
IV. Records/Reports			
Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How long are the records and reports maintained by the permittee? <i>Note: Permit Part 4.5 specifies a minimum of 3 years from the date of sample, measurement, report or notice. See permit part 4.5 for specified records.</i> <a href="#">Click or tap here to enter text.</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the facility monitors any permitted parameter more frequently than required by the permit are these results integrated into the Discharge Monitoring Report as appropriate?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a Best Management Practices Plan (BMPP) available and inclusive of sections for Effluent Flow, Preventive Maintenance, Site Management, Pollutant Minimization, Administrative Controls, QA/QC & Materials Management ( <i>Permit Part 2.5 Special Conditions</i> )? If no, explain: <a href="#">Click or tap here to enter text.</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the permittee maintain annual, signed BMPP certification statements with the up to date BMPP on site or at the location of the principal operator identified in the NOI? <i>Note: Permit Part 2.5.1.d. specifies preparation on or before January 15<sup>th</sup> of the following calendar year.</i> If no, explain: <a href="#">Click or tap here to enter text.</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the permittee maintaining discharge monitoring data as specified in Permit Part 4.5 and Appendix VIII? If no, explain: <a href="#">Click or tap here to enter text.</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are Discharge Monitoring Reports (DMRs) submitted electronically using NetDMR on time and correct per NHDES/EPA policy? <i>Note: Permit Part 4.6 requires NetDMR use beginning the first full calendar month following 12 months after the effective date of the EPA authorization to discharge.</i> If no, explain: <a href="#">Click or tap here to enter text.</a>
<a href="#">Click to enter notes</a>			

V. Facility Site Review			
Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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: <a href="#">Click or tap here to enter text.</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there any change in treatment such as add-ons or removal of any major operable unit of the system? If yes, explain: <a href="#">Click or tap here to enter text.</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are any chemical additives used to enhance treatment? If yes, explain: <a href="#">Click or tap here to enter text.</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there any change in the discharge location? <i>Note: Permit Part 5.2.g. requires a new NOI if the receiving water has changed.</i> If yes, explain: <a href="#">Click or tap here to enter text.</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes to any of the above in this section, has a NOC (Notice of Change – See Appendix IV Part 2) been submitted to EPA and the state? If no, explain: <a href="#">Click or tap here to enter text.</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has there been a change in operator? <i>Note: Permit Part 5.2.f. requires a new NOI with a change in operator.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the treatment facility have any floor drains? ( <i>Violation of RSA 485-A:13 if discharge to storm drain system, surface water or ground water unless specifically permitted</i> ) If yes, where are they and where do they discharge? <a href="#">Click or tap here to enter text.</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there site security ( <i>Permit Part 2.5.2.e.i.</i> ) and documented procedures/protocols (alarms, generator) to ensure all treatment system components are in effective operating condition ( <i>Permit Part 2.5.2.b.i.</i> ) related to the NPDES discharge? If no or NA, explain: <a href="#">Click or tap here to enter text.</a>
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 <b>in the effluent</b> ? If yes, explain:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there any floating solids, oil sheen, color, foam or a recognizable plume <b>in the receiving water</b> ? ( <i>Env-Wq 1703.03(c)</i> ) If yes, explain:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there evidence of erosion/scouring at the outfall? ( <i>Permit Part 2.1.2. Table 3 Footnote 4</i> )
Click to enter notes.			
VII. Flow Measurement			
Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are influent and effluent flow measuring device(s) used? If no, explain: <a href="#">Click or tap here to enter text.</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the effluent flow measured after treatment using a continuous measurement flow meter (recorder, totalizer)? ( <i>Permit Part 2.1.2 Table 3 Footnote 2</i> ) If no, explain: <a href="#">Click or tap here to enter text.</a>
Click to enter notes.			

VIII. Self-Monitoring			
Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the effluent samples taken at a consistent point defined by geographic coordinates in the NOI and following all treatment? ( <i>Permit Part 4.1.1b.</i> ) If no, explain: <a href="#">Click or tap here to enter text.</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does sampling (in-house and/or contract) incorporate required containers, preservation techniques and maximum holding times? If no, explain: <a href="#">Click or tap here to enter text.</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the appropriate analytical test methods cited/used? ( <i>Permit Part 4.1.3 &amp; Appendix VII</i> ) If no, explain: <a href="#">Click or tap here to enter text.</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are sample results reviewed by the operator no more than 72 hours ( <i>unless system restart or shutdown see Permit Part 4.3.1.b.i or Part 4.3.3a.ii, respectively</i> ) from receipt of the results? ( <i>Permit Part 2.5.f.vi</i> )
Click to enter notes.			
IX. Operations and Maintenance (40CFR122.41(e) & Permit Part II B)			
Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all treatment units operable? If no, explain: <a href="#">Click or tap here to enter text.</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has there been a treatment system interruption? (If yes, <i>Permit Part 4.3.2 monitoring requirements to be verified</i> )
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are records maintained for system operation and maintenance, site inspections and employee training?
Click to enter notes.			
X. Closing Conference			
Review of Findings.			
1			
2			
3			
4			
5			
6			
Final notes or comments			