



City of Sidney

Industrial Pretreatment Program - Inspection Form

I. Industrial User Information

Facility Name: \_\_\_\_\_ SIC Code(s) \_\_\_\_\_

Site Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IPP Permitting Category: SIU: Flow \_\_\_\_\_ Categorical \_\_\_\_\_  
NON-SIU: Permitted \_\_\_\_\_ Non-Permitted \_\_\_\_\_

Facility Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Delegation/Authorization form on file 

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Date of Inspection: \_\_\_\_\_ Inspected By: \_\_\_\_\_

Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Did the previous inspection identify areas, which the IU was to address? 

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

What areas were identified? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did the IU address these areas? 

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

 (if no, explain) \_\_\_\_\_

\_\_\_\_\_

Notice of Violations (NOVs) since last inspection. 

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Persons Present During the Inspection:

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**II. General Facility Information**

Number of Employees: \_\_\_\_\_ Number of Shifts per Day: \_\_\_\_\_

Employee showers on site? \_\_\_\_\_ Seasonal Production? \_\_\_\_\_

Scheduled shut down periods? \_\_\_\_\_

Products Produced: \_\_\_\_\_

Raw Materials Used: \_\_\_\_\_

Changes Since Last Inspection: \_\_\_\_\_

Did changes affect flow, production levels, use of raw materials, amount of finished product, or loading information supplied in the Data Disclosure Form submitted to the City of Sidney?

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Please explain: \_\_\_\_\_

Did Facility report any changes identified above to the POTW?

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Additional Comments: \_\_\_\_\_

Are there any planned changes to the facility?

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Additional Comments: \_\_\_\_\_

**III. Water Supply and Discharge:**

Water Source: \_\_\_\_\_

Are Wells Used?

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Are Flows Metered?

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Are there Process tie-ins to the City Water Supply?

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Are Back-flow devices / Methods used at all tie-ins?

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Last Inspection/Number of Devices: \_\_\_\_\_

Scheduled Boiler Blowdowns: \_\_\_\_\_

Cooling Towers: \_\_\_\_\_

Gallons used: \_\_\_\_\_

Gallons Used: \_\_\_\_\_

Chemicals used: \_\_\_\_\_

Chemicals Used: \_\_\_\_\_

Notes: \_\_\_\_\_

Total Plant Discharge:

Discharge GPD:

Gallons/Qtr

Gallons/Year

|  |
|--|
|  |
|  |
|  |

**IV. City of Sidney/Self Monitoring Information**

Current Permit on File? 

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

IDP # / Expiration Date: \_\_\_\_\_

Sampling Location: \_\_\_\_\_

Permit Sampling Frequency Required by the IU: \_\_\_\_\_

Permit Sampling Frequency Required by the City: \_\_\_\_\_

Applicable Categorical Standard: \_\_\_\_\_

Is The CWF Used at This IU? 

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Note Outfall/Dilution Source(s)/Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|  |                            |                            |                              |
|--|----------------------------|----------------------------|------------------------------|
| Are all samples collected, preserved, and analyzed in accordance with CFR 136? | Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Required Chain of Custody Used?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Sample analyzed within Required Holding Times?                                 | Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Is Recorded Information Kept for Three Years?                                  | Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Is Information available, current, and complete?                               | Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Are all sample results included in the IU's reports?                           | Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Did IU report all violations within 24 hours?                                  | Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Any violations not reported?   | Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**V. Wastewater Treatment Systems**

Does the Industry pretreat wastewater prior to discharge to the City's sewers? 

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Treatment Discharge: 

|                                |                                     |
|--------------------------------|-------------------------------------|
| Batch <input type="checkbox"/> | Continuous <input type="checkbox"/> |
|--------------------------------|-------------------------------------|

Treatment process type (i.e. DAF, hydroxide precipitation, etc.) \_\_\_\_\_

Reagents Used: \_\_\_\_\_

|  |                            |                            |                              |
|--|----------------------------|----------------------------|------------------------------|
| Are O&M schedules available at the facility?       | Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Are there O&M policies and procedures (SOPs)?      | Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Is There an Accurate System Schematic on File?     | Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Is There an Accurate Process Flow Diagram on File? | Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**VI. Solid Waste Generation and Disposal**

Does this facility generate solid waste and/or wastewater treatment sludge?

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

| Describe Waste | Name of Transportation Company | Disposal Destination |
|----------------|--------------------------------|----------------------|
|                |                                |                      |
|                |                                |                      |
|                |                                |                      |
|                |                                |                      |
|                |                                |                      |
|                |                                |                      |
|                |                                |                      |
|                |                                |                      |
|                |                                |                      |

Manifest or Bill of Ladings available?

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Facility's Tracking Number on shipping documentation:

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Is a Waste Manifest Available?

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

**VII. Hazardous Waste Generation and Disposal**

Does this Facility Generate Hazardous Materials and/or Waste?

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Hazardous Waste Generator Status:

|                                |                              |                              |                              |
|--------------------------------|------------------------------|------------------------------|------------------------------|
| CESQG <input type="checkbox"/> | SQG <input type="checkbox"/> | LQG <input type="checkbox"/> | N/A <input type="checkbox"/> |
|--------------------------------|------------------------------|------------------------------|------------------------------|

Is Hazardous Waste Discharged to the POTW?

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Describe Hazardous Materials and/or Waste: \_\_\_\_\_

Hazardous Waste Generator ID Number: \_\_\_\_\_

Hazardous Material/Waste Hauler: \_\_\_\_\_

Disposal Location(s): \_\_\_\_\_

Facility's Tracking Number on Manifest: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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**VIII. Chemical Storage, Containment, Material Handling**

Is a copy of the most recent SERC (Sara 311/312) Report available for review?

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |

Is a copy of the most recent TRI (Sara 313) Report available for review?

Chemicals Reported: \_\_\_\_\_

Are chemical storage area(s) diked?

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

In Areas of Storage <=55 gall, is Containment = to The Two Largest Volume Containers

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Is Bulk Storage Area Containment 10% > Than the Largest Bulk Storage Vessel?

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Are containment pads used in areas where containment dikes are absent?

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Are the SDSs properly displayed and accessible to all personnel?

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Is a complete list of SDSs available?

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Can chemicals reach the floor drains if spilled?

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

**IX. Slug Control Plan Review**

Does the facility have a Slug Load or Slug Discharge control program?

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Is a Slug Load or Slug Discharge control program is necessary?

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Does the Slug Load or Slug Discharge control program contain the following items:

Description of discharge practices, including non-routine batch discharges.

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Description of stored chemicals.

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Procedures for immediately notifying the POTW in the event of slug discharges.

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Inspections and maintenance of storage areas

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Handling and transfer of materials

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Loading and unloading operations.

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Controls of wastewater discharge

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Worker training

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Containment structures and /or equipment

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Containment of toxic organic pollutants

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Measures and equipment for emergency response

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Comments: \_\_\_\_\_

**X. Toxic Organic Management Plan Review**

Does the IU have an approved TOMP on file with the City?

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Does the current TOMP identify all chemicals containing Total Toxic Organics used at facility?

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Does the current TOMP identify all chemicals containing Total Toxic Organics used at facility?

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Does sampling history demonstrate Total Toxic Organics are not present in significant amounts?

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

Was the facility inspected for the presence of Total Toxic Organic chemicals?

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----------------------------|----------------------------|------------------------------|

If applicable, what is the date of the current approved TOMP \_\_\_\_\_

If applicable, what is the renewal due \_\_\_\_\_

List past TTO sampling events (dates and values): \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_



**City of Sidney**

**IPP Industrial Inspection Document Review**

**Documents to be readied for review (if applicable) during the inspection:**

1. Manifest(s) and/or Bill of Lading(s) for waste shipped off-site. \_\_\_\_\_
2. Most recent Hazardous Waste Report submitted. \_\_\_\_\_
3. Complete list of "active" SDS's kept on file. \_\_\_\_\_
4. Most recent SARA 311/312 (SERC) Report submitted. \_\_\_\_\_
5. Most recent SARA 313 (TRI) Report submitted. \_\_\_\_\_
6. Most Recent Toxic Organic Management Plan (TOMP). \_\_\_\_\_
7. Current Spill Prevention Control and Countermeasures Plan (SPCC Plan). \_\_\_\_\_
8. Documented Operating Procedure for Wastewater Pretreatment. \_\_\_\_\_
9. Documented Operating Procedure for sampling of wastewater. \_\_\_\_\_
10. Documented Operating Procedure for cleaning of sampling equipment. \_\_\_\_\_
11. Operator training documentation for above listed procedures. \_\_\_\_\_
12. Previous 3 years Wastewater Self Monitoring Reports. \_\_\_\_\_
13. Chain of Custodies for sampling reported on most recent Wastewater Self Monitoring Report. \_\_\_\_\_