



### 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"/>
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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"/>
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What areas were identified?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the IU address these areas? 

Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
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 (if no, explain)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notice of Violations (NOVs) since last inspection. 

Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 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"/>
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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"/>
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Additional Comments: \_\_\_\_\_

Are there any planned changes to the facility?

Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
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Additional Comments: \_\_\_\_\_

## **III. Water Supply and Discharge:**

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

Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
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Are Wells Used?

Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
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Are Flows Metered?

Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
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Are there Process tie-ins to the City Water Supply?

Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
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Are Back-flow devices / Methods used at all tie-ins?

Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
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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"/>
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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"/>
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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"/>
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Required Chain of Custody Used?

Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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Sample analyzed within Required Holding Times?

Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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Is Recorded Information Kept for Three Years?

Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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Is Information available, current, and complete?

Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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Are all sample results included in the IU's reports?

Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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Did IU report all violations within 24 hours?

Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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Any violations not reported?

Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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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"/>
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Treatment Discharge:

Batch	<input type="checkbox"/>	Continuous	<input type="checkbox"/>
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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"/>
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Are there O&M policies and procedures (SOPs)?

Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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Is There an Accurate System Schematic on File?

Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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Is There an Accurate Process Flow Diagram on File?

Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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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"/>
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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"/>
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Facility's Tracking Number on shipping documentation:

Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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Is a Waste Manifest Available?

Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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**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"/>
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Hazardous Waste Generator Status:

CESQG	<input type="checkbox"/>	SQG	<input type="checkbox"/>	LQG	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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Is Hazardous Waste Discharged to the POTW?

Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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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:

\_\_\_\_\_

\_\_\_\_\_

### 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"/>
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"/>
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"/>
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"/>

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

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

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

Are the SDSs properly displayed and accessible to all personnel?

Is a complete list of SDSs available?

Can chemicals reach the floor drains if spilled?

### 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"/>
Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>

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

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

Description of stored chemicals.

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

Inspections and maintenance of storage areas

Handling and transfer of materials

Loading and unloading operations.

Controls of wastewater discharge

Worker training

Containment structures and /or equipment

Containment of toxic organic pollutants

Measures and equipment for emergency response

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"/>
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"/>
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"/>

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

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

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

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

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

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If applicable, what is the renewal due

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List past TTO sampling events (dates and values):

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Comments:

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## 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. \_\_\_\_\_