



United States Environmental Protection Agency
Washington, D.C. 20460

Water Compliance Inspection Report

Form Approved
OMB No. 2040-0057
Approval Expires 8-31-98

SECTION A: NATIONAL DATA SYSTEM CODING (i.e., PCS)

Transaction Code NPDES yr/mo/day Inspection Type Inspector Fac Type
1 2 5 3 11 12 17 18 19 20
21
Remarks 66
Inspection Work Days Facility Self-Monitoring Evaluation Rating B1 QA Reserved
67 69 70 71 72 73 74 75 80

SECTION B: FACILITY DATA

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)

Entry Time/Date

Permit Effective Date

Exit Time/Date

Permit Expiration Date

Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)

Other Facility Data

Name, Address of Responsible Official/Title/Phone and Fax Number

Contacted Yes No

SECTION C: AREAS EVALUATED DURING INSPECTION (Check only those areas evaluated)

☐ Permit ☐ Flow Measurement ☐ Operations & Maintenance ☐ CSO/SSO (Sewer Overflow)
☐ Records/Reports ☐ Self Monitoring Program ☐ Sludge Handling & Disposal ☐ Pollution Prevention
☐ Facility Site Review ☐ Compliance Schedules ☐ Pretreatment ☐ Multimedia
☐ Effluent/Receiving Waters ☐ Laboratory ☐ Storm Water ☐ Other:

SECTION D: SUMMARY OF FINDINGS/COMMENTS (Attach additional sheets of narrative and checklists as necessary)

Name(s) and Signature(s) of Inspector(s)

Agency/Office/Phone and Fax Numbers

Date

Signature of Management Q A Reviewer

Agency/Office/Phone and Fax Numbers

Date

SECTIONS F THRU L: COMPLETE ON ALL INSPECTIONS, AS APPROPRIATE. N/A = NOT APPLICABLE		PERMIT NO. _____
SECTION F – FACILITY AND PERMIT BACKGROUND		
ADDRESS OF PERMITTEE IF DIFFERENT FROM FACILITY (Including City, County and ZIP code)	DATE OF LAST PREVIOUS INVESTIGATION BY EPA/STATE	
	FINDINGS	
SECTION G – RECORDS AND REPORTS		
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT. _ YES _ NO _ N/A (Further explanation attached _____)		
DETAILS:		
(a) ADEQUATE RECORDS MAINTAINED OF:		
(i) SAMPLING DATE, TIME, EXACT LOCATION	_ YES _ NO _ N/A	
(ii) ANALYSES DATES, TIMES	_ YES _ NO _ N/A	
(iii) INDIVIDUAL PERFORMING ANALYSIS	_ YES _ NO _ N/A	
(iv) ANALYTICAL METHODS/TECHNIQUES USED	_ YES _ NO _ N/A	
(v) ANALYTICAL RESULTS (e.g., consistent with self-monitoring report data)	_ YES _ NO _ N/A	
(b) MONITORING RECORDS (e.g., flow, pH, D.O., etc.) MAINTAINED FOR A MINIMUM OF THREE YEARS INCLUDING ALL ORIGINAL STRIP CHART RECORDINGS (e.g., continuous monitoring instrumentation, calibration and maintenance records).		
_ YES _ NO _ N/A		
(c) LAB EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS KEPT.		
_ YES _ NO _ N/A		
(d) FACILITY OPERATING RECORDS KEPT INCLUDING LOGS FOR EACH TREATMENT UNIT.		
_ YES _ NO _ N/A		
(e) QUALITY ASSURANCE RECORDS KEPT.		
_ YES _ NO _ N/A		
(f) RECORDS MAINTAINED OF MAJOR CONTRIBUTING INDUSTRIES (and their compliance status) USING PUBLICLY OWNED TREATMENT WORKS.		
_ YES _ NO _ N/A		
SECTION H – PERMIT VERIFICATION		
INSPECTION OBSERVATIONS VERIFY THE PERMIT. _ YES _ NO _ N/A (Further explanation attached _____)		
DETAILS:		
(a) CORRECT NAME AND MAILING ADDRESS OF PERMITTEE.	_ YES _ NO _ N/A	
(b) FACILITY IS AS DESCRIBED IN PERMIT.	_ YES _ NO _ N/A	
(c) PRINCIPAL PRODUCT(S) AND PRODUCTION RATES CONFORM WITH THOSE SET FORTH IN PERMIT APPLICATION.	_ YES _ NO _ N/A	
(d) TREATMENT PROCESSES ARE AS DESCRIBED IN PERMIT APPLICATION.	_ YES _ NO _ N/A	
(e) NOTIFICATION GIVEN TO EPA/STATE OF NEW, DIFFERENT OR INCREASED DISCHARGES	_ YES _ NO _ N/A	
(f) ACCURATE RECORDS OF RAW WATER VOLUME MAINTAINED.	_ YES _ NO _ N/A	
(g) NUMBER AND LOCATION OF DISCHARGE POINTS ARE AS DESCRIBED IN PERMIT.	_ YES _ NO _ N/A	
(h) CORRECT NAME AND LOCATION OF RECEIVING WATERS.	_ YES _ NO _ N/A	
(i) ALL DISCHARGES ARE PERMITTED.	_ YES _ NO _ N/A	
Comments:		

	PERMIT NO.
SECTION I – OPERATION AND MAINTENANCE	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A (Further explanation attached _____) DETAILS:	
(a) STANDBY POWER OR OTHER EQUIVALENT PROVISIONS PROVIDED.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(b) ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(c) REPORTS ON ALTERNATE SOURCE OF POWER SENT TO EPA/STATE AS REQUIRED BY PERMIT.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(d) SLUDGES AND SOLIDS ADEQUATELY DISPOSED.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(e) ALL TREATMENT UNITS IN SERVICE.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(f) CONSULTING ENGINEER RETAINED OR AVAILABLE FOR CONSULTATION ON OPERATION AND MAINTENANCE PROBLEMS.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(g) QUALIFIED OPERATING STAFF PROVIDED.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(h) ESTABLISHED PROCEDURES AVAILABLE FOR TRAINING NEW OPERATORS.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(i) FILES MAINTAINED ON SPARE PARTS INVENTORY, MAJOR EQUIPMENT SPECIFICATIONS, AND PARTS AND EQUIPMENT SUPPLIERS.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(j) INSTRUCTIONS FILES KEPT FOR OPERATION AND MAINTENANCE OF EACH ITEM OF MAJOR EQUIPMENT.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(k) OPERATION AND MAINTENANCE MANUAL MAINTAINED.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(l) SPCC PLAN AVAILABLE.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(m) REGULATORY AGENCY NOTIFIED OF BY-PASSING. (Dates _____)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(n) ANY BY-PASSING SINCE LAST INSPECTION.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(o) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
SECTION J – COMPLIANCE SCHEDULES	
PERMITTEE IS MEETING COMPLIANCE SCHEDULE. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A (Further explanation attached _____)	
CHECK APPROPRIATE PHASE(S):	
<input type="checkbox"/> (a) THE PERMITTEE HAS OBTAINED THE NECESSARY APPROVALS FROM THE APPROPRIATE AUTHORITIES TO BEGIN CONSTRUCTION.	
<input type="checkbox"/> (b) PROPER ARRANGEMENT HAS BEEN MADE FOR FINANCING (mortgage commitments, grants, etc.).	
<input type="checkbox"/> (c) CONTRACTS FOR ENGINEERING SERVICES HAVE BEEN EXECUTED.	
<input type="checkbox"/> (d) DESIGN PLANS AND SPECIFICATIONS HAVE BEEN COMPLETED.	
<input type="checkbox"/> (e) CONSTRUCTION HAS COMMENCED.	
<input type="checkbox"/> (f) CONSTRUCTION AND/OR EQUIPMENT ACQUISITION IS ON SCHEDULE.	
<input type="checkbox"/> (g) CONSTRUCTION HAS BEEN COMPLETED.	
<input type="checkbox"/> (h) START-UP HAS COMMENCED.	
<input type="checkbox"/> (i) THE PERMITTEE HAS REQUESTED AN EXTENSION OF TIME.	
Comments:	

	PERMIT NO. _____
SECTION K – SELF-MONITORING PROGRAM	
PART 1 – FLOW MEASUREMENT (Further explanation attached _____)	
PERMITTEE FLOW MEASUREMENT MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT. DETAILS:	_ YES _ NO _ N/A
(a) PRIMARY MEASURING DEVICE PROPERLY INSTALLED.	_ YES _ NO _ N/A
TYPE OF DEVICE _ WEIR _ PARSHALL FLUME _ MAGMETER _ VENTURI METER _ OTHER (Specify _____)	
(b) CALIBRATION FREQUENCY ADEQUATE. (Date of last calibration _____)	_ YES _ NO _ N/A
(c) PRIMARY FLOW MEASURING DEVICE PROPERLY OPERATED AND MAINTAINED.	_ YES _ NO _ N/A
(d) SECONDARY INSTRUMENTS (totalizers, recorders, etc.) PROPERLY OPERATED AND MAINTAINED.	_ YES _ NO _ N/A
(e) FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGES OF FLOW RATES.	_ YES _ NO _ N/A
PART 2 – SAMPLING (Further explanation attached _____)	
PERMITTEE SAMPLING MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT. DETAILS:	_ YES _ NO _ N/A
(a) LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES.	_ YES _ NO _ N/A
(b) PARAMETERS AND SAMPLING FREQUENCY AGREE WITH PERMIT.	_ YES _ NO _ N/A
(c) PERMITTEE IS USING METHOD OF SAMPLE COLLECTION REQUIRED BY PERMIT. IF NO, _ GRAB _ MANUAL COMPOSITE _ AUTOMATIC COMPOSITE _ FREQUENCY _____	_ YES _ NO _ N/A
(d) SAMPLE COLLECTION PROCEDURES ARE ADEQUATE.	_ YES _ NO _ N/A
(i) SAMPLES REFRIGERATED DURING COMPOSITING	_ YES _ NO _ N/A
(ii) PROPER PRESERVATION TECHNIQUES USED	_ YES _ NO _ N/A
(iii) FLOW PROPORTIONED SAMPLES OBTAINED WHERE REQUIRED BY PERMIT	_ YES _ NO _ N/A
(iv) SAMPLE HOLDING TIMES PRIOR TO ANALYSES IN CONFORMANCE WITH 40 CFR 136.3	_ YES _ NO _ N/A
(e) MONITORING AND ANALYSES BEING PERFORMED MORE FREQUENTLY THAN REQUIRED BY PERMIT.	_ YES _ NO _ N/A
(f) IF (e) IS YES, RESULTS ARE REPORTED IN PERMITTEE'S SELF-MONITORING REPORT.	_ YES _ NO _ N/A
PART 3 – LABORATORY (Further explanation attached _____)	
PERMITTEE LABORATORY PROCEDURES MEET THE REQUIREMENTS AND INTENT OF THE PERMIT. DETAILS:	_ YES _ NO _ N/A
(a) EPA APPROVED ANALYTICAL TESTING PROCEDURES USED. (40 CFR 136.3)	_ YES _ NO _ N/A
(b) IF ALTERNATE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED.	_ YES _ NO _ N/A
(c) PARAMETERS OTHER THAN THOSE REQUIRED BY THE PERMIT ARE ANALYZED.	_ YES _ NO _ N/A
(d) SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT.	_ YES _ NO _ N/A
(e) QUALITY CONTROL PROCEDURES USED.	_ YES _ NO _ N/A
(f) DUPLICATE SAMPLES ARE ANALYZED _____ % OF TIME.	_ YES _ NO _ N/A
(g) SPIKED SAMPLES ARE USED _____ % OF TIME.	_ YES _ NO _ N/A
(h) COMMERCIAL LABORATORY USED.	_ YES _ NO _ N/A
(i) COMMERCIAL LABORATORY STATE CERTIFIED.	_ YES _ NO _ N/A
LAB NAME _____	
LAB ADDRESS _____	
Comments: _____	

SECTION L – EFFLUENT/RECEIVING WATER OBSERVATIONS (Further explanation attached _____)

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOLIDS	COLOR	OTHER

(Sections M and N: Complete as appropriate for sampling inspections)

SECTION M – SAMPLING INSPECTION PROCEDURES AND OBSERVATIONS (Further explanation attached _____)☐ GRAB SAMPLES OBTAINED☐ COMPOSITE OBTAINED☐ FLOW PROPORTIONED SAMPLE☐ AUTOMATIC SAMPLER USED☐ SAMPLE SPLIT WITH PERMITTEE☐ CHAIN OF CUSTODY EMPLOYED☐ SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE

COMPOSITING FREQUENCY _____ PRESERVATION _____

SAMPLE REFRIGERATED DURING COMPOSITING: ☐ YES ☐ NO

SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE _____

SECTION N – ANALYTICAL RESULTS (Attach report if necessary)