

Recent avg total discharge	_____	gpd	average total discharge
Previous	_____	gpd	average total discharge
Recent avg process discharge	_____	gpd	average PROCESS ONLY discharge
Previous	_____	gpd	average PROCESS ONLY discharge

Sewer lateral location: _____

Do lateral services have cleanouts?: _____

Sewer main location: _____ Size: _____

Treatment Plant: _____

Fats, Oils and Grease Establishments		
Does the facility only generate waste from Fats, Oils and Grease (i.e. fast food restaurants)?	Yes <input type="checkbox"/> Complete only Section A of inspection report.	No <input type="checkbox"/> Continue to Section B of the inspection report.
If yes, does the company have:		
A working grease trap or sand/oil separator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, when was the last time the device was cleaned? How often do they plan to clean their treatment device?		
If no, what is the date that a treatment device has to be installed by?		
When is the next follow-up inspection?		

SECTION B – PROCESS DESCRIPTION

List products produced / manufactured:
General description of process:
Sources of Process Wastewater:
Sources of Dilution Wastewater:
Floor Drains in the Production Area:
Production rates and verification:
Additional Info:
Major changes noted during this inspection (Water Consumption/Discharge, Employee Number, Addition of Processes, Deletion of Processes:
Sources of Wastewater

SECTION C – PROCESS FLOW DIAGRAM



SECTION F – PRETREATMENT DESCRIPTION

Section Not Applicable

Pretreatment Type:

- Neutralization
- Filtration
- Metals Precipitation
- Electrolytic De-plate
- Activated Carbon
- Interceptor / Trap System
- Evaporative Recovery
- Ion Exchange
- No Pretreatment Available

- Sludge Press
- Reverse Osmosis
- Settling / Clarifier
- Solvent Air Stripping
- Waste Minimization
- Dissolved Air Floatation
- Electrolytic Recovery
- Off Site Disposal
- Other: _____

Pretreatment Process:

- Continuous Flow
- Other(specify)

Batch Treatment

General description of pretreatment process:

General description of pretreatment process:

Pretreatment Flow Diagram:

SECTION G – SLUG DISCHARGE CONTROL PLAN EVALUATION

Description of Discharge Practices, including non-routine batch discharges

A. Process Discharge Practices			
Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
B. Chemical storage containers bins or ponds in manufacturing area could an accidental spill lead to a discharge to: (Check all that apply).			
<input type="checkbox"/> Onsite Disposal System <input type="checkbox"/> Public Sanitary Sewer System (e.g., through a floor drain) <input type="checkbox"/> Storm Drain <input type="checkbox"/> To Ground <input type="checkbox"/> Other; specify _____ <input type="checkbox"/> Not Applicable, no possible discharge to any of the above routes			
C. Floor drains in the manufacturing and chemical storage areas. Where do they discharge?			
<hr/>			
D. Description of Stored Chemicals			
a. Description of security provisions dealing with chemical storage, treatment, and process control (i.e., overflow alarms on tanks): b. Describe chemical storage containers, bins, or ponds, at the facility. Please give description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have cathode protection.			
E. Check which procedures the facility will use for notification and adopted plans in case of a spill			
a. <input type="checkbox"/> Notify Company Supervisor b. <input type="checkbox"/> Notify Emergency Contact Person c. <input type="checkbox"/> Notify City of Middletown (Department of Public Works), 16 James Street, Middletown, NY 10940, Tel: 845-343-3169 (business hours), City of Middletown Police Department (845-343-3151) (non-business hours). d. <input type="checkbox"/> Contain the spill as soon as possible e. <input type="checkbox"/> If it has reached the sanitary sewer, i. <input type="checkbox"/> Neutralize with chemicals, if possible ii. <input type="checkbox"/> Contain as much as possible f. <input type="checkbox"/> Estimate the size of spill and chemicals involved g. <input type="checkbox"/> Notify the City immediately. Do not exceed 24 hours to notify the City after becoming aware of the spill. h. <input type="checkbox"/> A written report sent to the City within 5 days specifying: i. <input type="checkbox"/> The description and cause of the upset (e.g., whether the slug load or accidental discharge) ii. <input type="checkbox"/> Where, when (date and time), how much (volume), what concentration, for how long iii. <input type="checkbox"/> If noncompliant discharge is continuous, document the actions taken iv. <input type="checkbox"/> Communication with agencies and affected parties v. <input type="checkbox"/> Compliance plan to prevent slug, spill			

SECTION H – WASTE MANAGEMENT

Section Not Applicable

Waste generation YES NO If yes, is waste: Hazardous Non-hazardous

USEPA Generators ID Number:

TRANSPORTER: Name: _____
 Address: _____
 Phone: () - _____ USEPA ID#: _____

DISPOSAL SITE: Name: _____
 Address: _____
 Phone: () - _____ USEPA ID#: _____

Observation of manifests for last quarter: (or attach copy of manifests)

DATE	WASTE CLASS	NO.OF CONTAINERS	TYPE OF CONTAINER	DESCRIPTION/SOURCE

Hazardous Waste Classification

- Not Applicable
- Conditionally Exempt Small Quantity Generator (220 lbs or less) 100 kg or less/month
- Small Quantity Generator (220 lbs or greater) 100 kg or greater or <1000 kg/month
- Large Quantity Generator (2200 lbs or greater) 1000 kg/month or greater

Hazardous Waste Handling

Does the company handle hazardous waste? Yes No .

If yes, does the company have:

Written procedures for handling hazardous waste? Yes No .

Periodic training? Yes No . Training type:

Labeling? Yes No .

SPILL CONTROL

Does the company need a Slug Control Plan? Yes No .

If yes, has the plan been submitted? Yes No . If yes,

Date:

Approved? Yes No . If yes, Date:

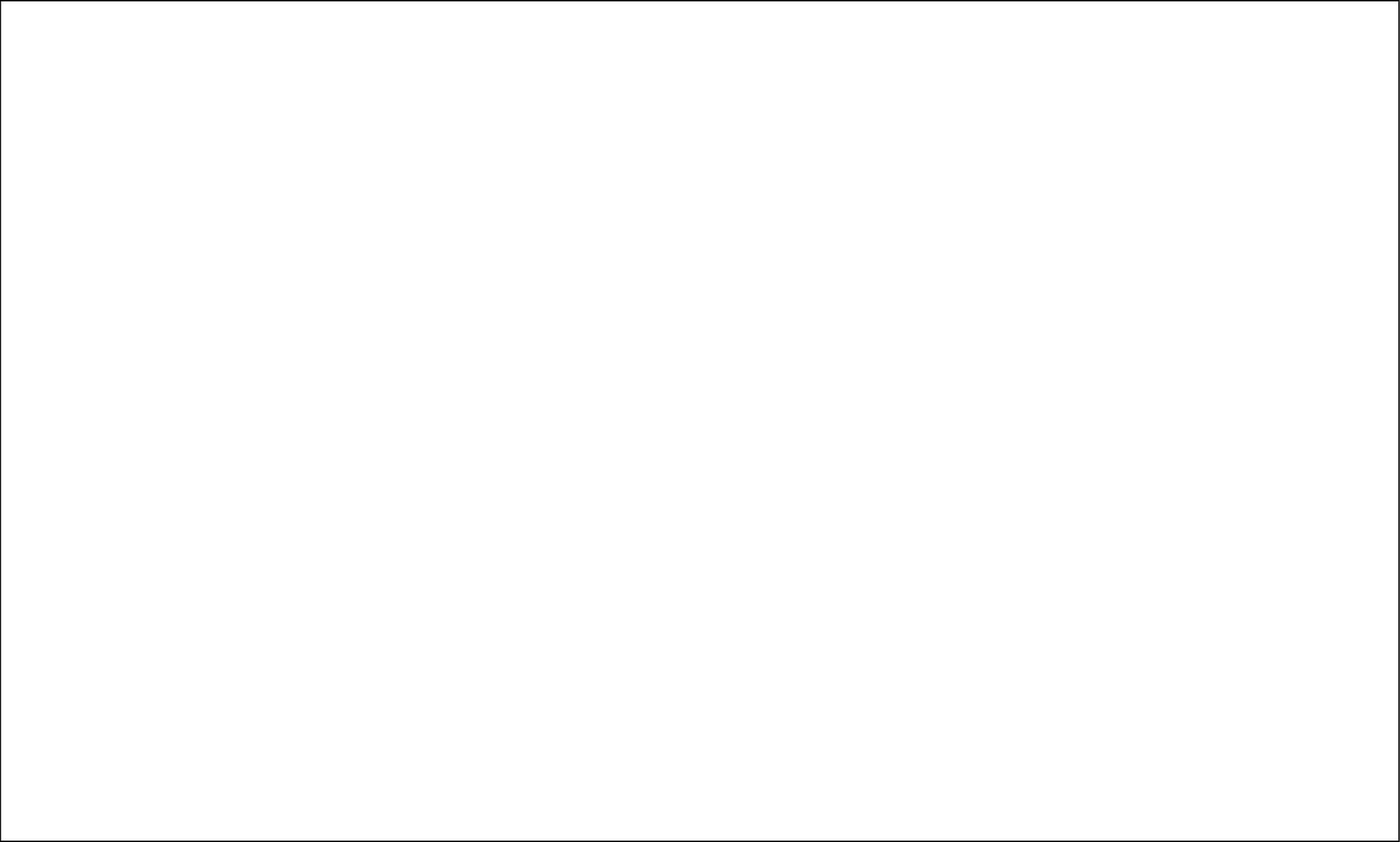
Toxic Organic Management Plan

Does the company have an approved TOMP? Yes No Not Applicable

Date approved:

Comments:

SECTION I – FACILITY LAYOUT



SECTION J – INSPECTION SUMMARY

Is the industry currently in compliance (compliant for 3 consecutive months)? Yes No

If no, explain.

Follow up inspection required for the following items:

Is there any evidence dilution practices are being used as a substitute for adequate treatment? Yes No

If yes, explain.

Are the following items included with the Inspection report or located in industry file?

Copies of:

- | | | |
|--|---------------------------------|-------------------------------|
| As built Map | <input type="checkbox"/> REPORT | <input type="checkbox"/> FILE |
| Company Emergency Response Plan | <input type="checkbox"/> REPORT | <input type="checkbox"/> FILE |
| Facility blueprints | <input type="checkbox"/> REPORT | <input type="checkbox"/> FILE |
| Plumbing blueprints | <input type="checkbox"/> REPORT | <input type="checkbox"/> FILE |
| Sewer service permit | <input type="checkbox"/> REPORT | <input type="checkbox"/> FILE |
| Schematic of process area | <input type="checkbox"/> REPORT | <input type="checkbox"/> FILE |
| Schematic of pretreatment area | <input type="checkbox"/> REPORT | <input type="checkbox"/> FILE |
| Material Safety Data Sheets | <input type="checkbox"/> REPORT | <input type="checkbox"/> FILE |
| Chemical Inventory | <input type="checkbox"/> REPORT | <input type="checkbox"/> FILE |
| Waste manifests | <input type="checkbox"/> REPORT | <input type="checkbox"/> FILE |
| Water usage records | <input type="checkbox"/> REPORT | <input type="checkbox"/> FILE |
| Logs (operation, pretreatment, waste disposal, etc.) | <input type="checkbox"/> REPORT | <input type="checkbox"/> FILE |

Were the following areas inspected?

- Process Area
- Filing Systems/Required Documents
- Pretreatment Area
- Chemical Storage Area
- Waste Storage Area
- Lateral Services
- Cleanouts, Manholes, etc.
- Meters

Comments / Recommended Action:

Pollution Prevention Practices:

Pollution Prevention Recommendations:

Suggested sampling frequency and parameters to be sampled:

SECTION K – SIU CLASSIFICATION STATUS AND SELF MONITORING PROCEDURES

SIU Electronic Inventory Updated Yes Date Updated:

Does the industry fall under categorical or non-categorical user status?

Categorical Non-Categorical Not Applicable

If categorical, list categories:

List any upcoming categories this industry may fall under?

What were the determining factors for company’s categorical designation?

If applicable:

Baseline Monitoring Report due date (*Categorical Industrial Users Only*): N/A

Report on Compliance with Categorical Standards due date (*Categorical Industrial Users Only*): N/A

Compliance Schedule: Yes No Start date: Completion date:

Final compliance date:

Other comments/recommendations:

Periodic Compliance Reports (PCRs) due date (*All Significant Industrial Users Only*):

Contract Laboratory: Name:

Address:

Phone: () -

Does the industry have written sampling procedures? Yes No

Is sampling in accordance with 40 CFR 136 and/or EPA approved methods? Yes No

If no, explain.

Other comments/recommendations: