



## Water and Pollution Control Department

300 East Fifth Street, Building 1  
Ames, IA 50010

Phone 515-239-5150 • Fax 515-239-5251

### NON-DOMESTIC WASTE PRETREATMENT PROGRAM FACILITY INSPECTION REPORT

#### INSPECTION INFORMATION

Inspection Date and Time: \_\_\_\_\_

Facility: \_\_\_\_\_

Facility Address/Location: \_\_\_\_\_

City Inspector(s) Present: \_\_\_\_\_

Facility Representative(s) Present: \_\_\_\_\_

Date Pre-Inspection Form Provided: \_\_\_\_\_

#### FACILITY CONTACT AND PERMIT INFORMATION

<b>Certifying Official</b>	_____	<b>Immediate Contact</b>	_____
<b>Address</b>	_____	<b>Address</b>	_____
<b>Phone</b>	_____	<b>Phone</b>	_____
<b>Fax</b>	_____	<b>Fax</b>	_____
<b>Email</b>	_____	<b>Email</b>	_____
<b>Facility Permit No.</b>	_____	<b>Permit Expiration</b>	_____
<b>Facility Classification</b>	_____	<b>NAICS Code</b>	_____
<b>Questionnaire Date</b>	_____	<b>Last Inspection Date</b>	_____
<b>Type of Manufacture</b>	_____		

#### FACILITY DETAILS

Is the facility a new source?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the facility meet the requirements of a Categorical Industrial User? <i>If yes, explain.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the facility meet the requirements of a Significant Industrial User? <i>Explain.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the facility properly classified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe processes, products, and typical wastewater discharges of the facility.	

#### EMPLOYEE INFORMATION AND HOURS OF OPERATION

	Current Number of Employees	Previous Number of Employees	Hours of Operation	Work Days
Shift 1				
Shift 2				
Shift 3				
Total				

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

#### FACILITY PROCESS CHANGES AND CONCERNS

Have there been any concerns since the previous inspection? <i>If yes, list concerns and briefly describe them below.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have previous concerns been addressed? <i>List previous concerns and describe actions that have been taken to address them below. If no concerns, check NA</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Comments:</b>	
<b>Have there been any changes to the following:</b>	
<b>Processes:</b>	
<b>Wastewater Discharges</b> <i>(quality or quantity):</i>	
<b>Products</b> <i>(describe):</i>	
<b>Comments:</b>	

#### FACILITY FLOWS

<b>List the facility's previous year billed water usage.</b> <i>Estimate for new sources.</i>	Ave.= ≈	gal/mo. gal/day	Peak = ≈	gal/mo. gal/day
<b>List the facility's previous year billed sanitary flows if different than water usage.</b> <i>Estimate for new sources.</i>	Ave.= ≈	gal/mo. gal/day	Peak = ≈	gal/mo. gal/day
<b>List the facility's sanitary sewer flows metered during sampling events.</b>	Ave.=	gal/day	Peak =	gal/day

Have water and wastewater flows changed significantly since the last inspection? <i>If yes, explain.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are wastewater flows similar to that used for calculating local limits? <i>Flow used for local limits: _____ gal/day.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are sanitary and industrial waste streams combined?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are waste streams combined prior to any wastewater pretreatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are waste streams combined prior to connection with the city sewer system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the facility's flows different during wet and dry weather? <i>If yes, explain.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility implemented actions to mitigate wet-weather infiltration and inflow? <i>If yes, explain.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Comments:</b>	

#### RECORDS RETENTION

Is the facility retaining records for a minimum of three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Comments:</b>	

#### SAMPLING/SELF MONITORING AND REPORTING

Does the facility perform self-monitoring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the facility collect samples in-house?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the facility analyze samples in-house? <i>If yes, list parameters analyzed.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is sampling and analysis equipment properly calibrated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is sample collection and analyses performed in accordance with 40 CFR Part 136?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the facility use an outside laboratory? <i>If yes, provide the following:</i> Laboratory Name: _____ Address: _____ Phone: _____ Contact: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the outside laboratory certified by the State of Iowa?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Do report forms show 40 CFR Part 136 certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If a sample result indicates a violation, does the facility report to the POTW within 24 hours of becoming aware of the violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the facility resample within 10 days of becoming aware of a violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the facility report resample results within 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<i>Facilities are required to submit sample results to the POTW as soon as they are received from the lab.</i>	
Does the facility immediately report results upon receiving them from the laboratory?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Comments:	

## SPILL PREVENTION AND CONTROL

SUMMARY OF SPILL PREVENTION AND CONTROL PLANS				
Plan Title	Plan Required	Plan Submitted	Plan In-Place	Last Updated
Toxic Organic Management Plan (TOMP)				
Accident Spill Prevention Control				
Slug Control Plan				
Spill Prevention Countermeasure and Control (SPCC) Plan				
Chemical Hygiene Plan				
TOMP PLAN IMPLEMENTATION (For categorical TTO facilities only)				
Has the facility implemented a TOMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, should the facility have a TOMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
If yes, does the plan need updating?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
Comments:				
ACCIDENT SPILL PREVENTION AND CONTROL PLAN IMPLEMENTATION				
Has the facility implemented an Accident Spill Prevention and Control Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, should a plan be implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
If yes, is the Accident Spill Prevention Control Plan posted near the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
Does the plan contain information on whom to notify in the event of a spill?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
Does the plan need updating?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
Comments:				
SLUG CONTROL PLAN				
Is there a potential for the facility to discharge a slug loading to the POTW?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the facility implemented a Slug Control Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, should the facility have a Slug Control Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
If yes, does the plan need updating?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
Comments:				
SPCC PLAN IMPLEMENTATION				
Has the facility implemented a SPCC Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, should the facility have a SPCC Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
If yes, does the plan need updating?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
Comments:				
CHEMICAL HYGIENE PLAN				
Has the facility implemented a Chemical Hygiene Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, should the facility have a Chemical Hygiene Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
If yes, does the plan need updating?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
Comments:				
OTHER POLLUTION PREVENTION AND SPILL INFORMATION				

What other pollution prevention practices has the facility implemented? <i>Explain.</i>	
Who is responsible for pollution prevention at the facility?	
Describe any pollution prevention initiatives implemented since the last inspection.	
Are spill kits available at the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the facility keeping records of spill events?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been any spills since the last inspection? <i>If yes, when and how was the POTW notified?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are employees informed of the need to keep unpermitted chemicals out of the sanitary sewer and what to do if spills/accidental releases occur? <i>If yes, explain.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

#### WASTEWATER PRETREATMENT

Is a wastewater pretreatment system installed at the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, describe the system and include a process schematic showing wastewater discharge locations. If No, skip to next section, remaining questions are not applicable.</i>	
Does the pretreatment system produce solids? <i>If yes, answer the following:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
How are the solids stored?	
How are the solids disposed of? <i>(Include the name and address of any waste haulers if applicable)</i>	
Does the pretreatment system have any of the following features?	
Air Quality Concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Stand-by Power Supply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Alarm System	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
SOPs available on site	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Control instrumentation calibration records	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Effluent quality records for the previous three years	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Comments:	

#### AIR POLLUTION CONTROL

Does the facility operate air pollution control equipment that generates wastewater?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the wastewater discharged to the sanitary sewer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
If yes, is the wastewater accounted for in the pretreatment questionnaire?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the facility operate under an air permit? <i>If yes, answer the following questions:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who is the control authority for the permit?	
What is the air permit number?	
Comments:	

#### HAZARDOUS WASTES

Is the facility a RCRA hazardous waste generator? <i>If yes, answer the following:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
What hazardous wastes are stored on site and how are they stored?	
How are hazardous wastes disposed of? Include the name and address of any waste haulers.	
<i>Federal regulation 40 CFR Part 403.12(p) requires that any non-domestic contributor that discharges any waste to the sanitary sewer that, if disposed of otherwise, would be classified as a RCRA hazardous waste must notify the local POTW, and other agencies as required by regulation, in writing.</i>	

<b>Has the facility submitted hazardous waste notification to the POTW of discharge of any waste that if otherwise disposed of, would be a hazardous waste?</b> <i>If yes, when was notification made?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Comments:</b>	

**SITE PLAN AND SANITARY SEWER SCHEMATIC**

Include a schematic of the facility indicating sanitary sewer lines discharging to the POTW system. Include and label the locations of cooling towers, chillers, boilers, pretreatment systems, and sampling location.

## CHEMICAL USAGE AND INVENTORY

The following list contains chemicals observed on site during the inspection.

[illegible]

**Comments:**

## How soon would a spill be noticed?

Direct Contact w/ Wastewater: \_\_\_\_\_

Potential Contact w/ Wastewater: \_\_\_\_\_

**Facility Questions:**

**Requirements and Recommendations:**

**Comments:**