



City of Sidney

IPP Industrial Inspection Form

1. General Inspection Information

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Industrial Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Industrial Contact Title: \_\_\_\_\_

Name, Mailing Address, and Title of the IU Contacts immediate supervisor: \_\_\_\_\_

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

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

Last Inspection Date: \_\_\_\_\_ Last Inspected By: \_\_\_\_\_

Type of Inspection: Scheduled \_\_\_\_\_ Annual \_\_\_\_\_ Permit Renewal \_\_\_\_\_

Did the previous inspection identify areas, which the IU was to address? Y – N – N/A

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did the IU address these areas? Y – N – N/A (if no explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Persons Present During the Inspection:

Name	Affiliation	Title	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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: \_\_\_\_\_

Planned Changes to the Plant: \_\_\_\_\_

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 – N – N/A (if yes explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Did Facility report any changes identified above to the POTW? \_\_\_\_\_

Any NOV's issued since last inspection? If so list dates and reason for issuance. (Y - N – N/A)

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments:**

**III Water Usage:**

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

Are Wells Used? \_\_\_\_\_

Are Flows Metered? \_\_\_\_\_

**Additional Comments:**

**IV. Self Monitoring of Industrial Facility:**

**Current Permit on File? (Y – N – N/A) \_\_\_\_\_**

**Sampling Location (use assigned ID number for the site with exact measurements)\_\_\_\_\_**

**Flow (gpd) : \_\_\_\_\_ Outfalls Identification Number(s) : \_\_\_\_\_**

**Flow per outfall (gpd) : \_\_\_\_\_**

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

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

**IU Samples Analyzed in Accordance with 40 CFR 136? \_\_\_\_\_**

**If the IU collects samples, are the samples being collected as per Part 136. Does the IU have a SOP Manual in place to insure the proper QA/QC is being used to collect samples as per Part 136. \_\_\_\_\_**

**Applicable Categorical Standard \_\_\_\_\_**

**Is the facility required to perform TTO monitoring? (Y – N) \_\_\_\_\_**

**Does the facility have a TOMP in place? If so what is the expiration date? (Y – N – N/A) \_\_\_\_\_**

**Samples Preserved Properly? (Y – N – N/A) \_\_\_\_\_**

**Are IU's Samples Analyzed by Contract Lab, In House, or City: (N/A) \_\_\_\_\_**

**Required Chain of Custody Used? (Y – N – N/A) \_\_\_\_\_**

**Sample analyzed within Required Holding Times? (Y – N – N/A) \_\_\_\_\_**

**Is Recorded Information Kept for Three Years? (Y – N – N/A) \_\_\_\_\_**

**Is Information available, current, and complete? (Y – N – N/A) \_\_\_\_\_**

**Are all sample results included in the IU's reports? (Y – N – N/A) \_\_\_\_\_**

**Did IU report all violations within 24 hours? (Y – N – N/A) \_\_\_\_\_**

**Any violations not reported? (Y – N – N/A) \_\_\_\_\_**

**Additional Comments:**

**V. Wastewater Treatment Systems**

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

Treatment:           Batch    or   Continuous

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

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

\_\_\_\_\_

Are O&M schedules available at the facility? \_\_\_\_\_

Are there O&M policies and procedures (SOP's)? \_\_\_\_\_

Is the O&M training/certification adequate? \_\_\_\_\_

If the facility is not in compliance, what actions have been taken? \_\_\_\_\_

\_\_\_\_\_

**Description of Overall System and schematic of production water flow and wastewater flow:**

(Attached to Data Disclosure Form last submitted. Inquire at the inspection if the schematic needs updated or revised)

Does the schematic on file need updated or revised?    Circle Yes or No

**Additional Comments:**

**VI. Solid Waste Generation and Disposal**

Does this facility generate solid waste and/or wastewater treatment sludge?        Circle Yes or No

Describe Non-Hazardous Waste	Name of Transportation Company	Disposal Destination

Manifest or Bill of Ladings Available? \_\_\_\_\_

Facility's Tracking Number on shipping documentation: \_\_\_\_\_

Does this Facility Generate Hazardous Materials and/or Waste? Circle Yes or No

Hazardous Waste Generator Status: CESQG SQG LQG

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

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

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

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

Manifest Available? \_\_\_\_\_

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

Hazardous waste discharged to the POTW? Circle Yes or No

Additional Comments:

**VII. Combined Wastestream Formula/Permit Limits**

Does the facility operate a Federal Categorical Process? Circle Yes or No 40CFR \_\_\_\_\_

Is the CWF used at this facility? \_\_\_\_\_

Are dilution flows present at the sample location? Circle Yes or No

How are flows determined? \_\_\_\_\_

Additional Comments:

**VIII. Chemical Storage and Containment**

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

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

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

Are chemical storage area(s) diked? \_\_\_\_\_

For containment areas used for storage of containers of <= 55 gallons, is containment capacity equal to the quantity in 2 of the largest volume containers? \_\_\_\_\_

Is Bulk Chemical/Waste storage area containment 10% greater than the single largest bulk storage vessel? \_\_\_\_\_

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

Are the MSDS's properly displayed and accessible to all personnel? \_\_\_\_\_

Is a complete list of MSDS's available? \_\_\_\_\_

Can chemicals reach the floor drains if spilled? \_\_\_\_\_

How often are floors washed? \_\_\_\_\_ What chemicals are used? \_\_\_\_\_

How often is equipment washed? \_\_\_\_\_ What chemicals are used? \_\_\_\_\_

Does the facility have a slug control program? \_\_\_\_\_

**Additional Comments:**

**IX. Production/Process Areas of the Industrial User**

Are wastestreams separated at this facility? (Y/N) \_\_\_\_\_

Do floor drains lead to the POTW? (Y/N) \_\_\_\_\_

Scheduled Boiler Blowdowns: \_\_\_\_\_ Cooling Towers: \_\_\_\_\_

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

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

Are incompatible materials separated? (Y/N) \_\_\_\_\_

Are there Process tie-ins to the City Water Supply? (Y/N) \_\_\_\_\_

Are Back-flow devices / Methods used at all tie-ins? (Y/N) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Additional 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” MSDS’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.**