

**NPDES INSPECTION CHECKLIST  
MUNICIPAL WASTEWATER GENERAL PERMIT**

FACILITY NAME: \_\_\_\_\_

NPDES PERMIT NUMBER: NHG \_\_\_\_\_

NPDES PERMIT EXPIRATION DATE: \_\_\_\_\_

**I. PRE-INSPECTION INFORMATION**

Permittee's Name: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Inspection Type: CSI CEI RI Closure Facility Type: Major Minor

Type of Treatment Process or Type of Discharge: \_\_\_\_\_ Grade of Municipal Facility: I II III IV

Date of Last Inspection: \_\_\_\_\_ Type of Last Inspection: CSI CEI RI

Last Inspection Performed by: DES EPA

Name and Title of Responsible Official: \_\_\_\_\_

Name/Grade of Operator in Responsible Charge: \_\_\_\_\_

Name/Grade of Back-up Operator in Responsible Charge: \_\_\_\_\_

Contact (Name/Phone) for Information Regarding Collection System: \_\_\_\_\_

Time in: \_\_\_\_\_ Time out: \_\_\_\_\_

**BACKGROUND INFORMATION**  
*(Complete this section prior to going to facility)*

1. YES NO Are the Discharge Monitoring Reports (DMRs) submitted to EPA and DES on time?  
*(Permit – Part III)* If no, explain: \_\_\_\_\_

2. YES NO Are the DMRs completed correctly per latest EPA instructions? If no, explain: \_\_\_\_\_

3. YES NO Has a list of permit violation(s) and DMR error(s) been given to the operator and  
discussed? If no, explain: \_\_\_\_\_

- 4a. YES NO a) Is the person signing the DMRs authorized to do so per the federal regulations? (40CFR122.22 (b)) If no, explain: \_\_\_\_\_  
\_\_\_\_\_
- 4b. YES NO NA b) If yes to 4a., has a copy of the authorization letter been sent to EPA and to DES? (40CFR122.22(c)) Received on (date) \_\_\_\_\_  
\_\_\_\_\_
5. YES NO NA Has all permit testing been conducted at the correct frequency? (Permit: Part II) If no, explain: \_\_\_\_\_  
\_\_\_\_\_
6. YES NO NA Have all other permit-required reports such as Whole Effluent Toxicity testing, sludge testing results, etc., been completed correctly and submitted on time? (Permit: Part II and III). If no, explain: \_\_\_\_\_  
\_\_\_\_\_
- 7a. YES NO NA Has all noncompliance which may endanger health or the environment, including all violations of daily limits, a) been orally reported within 24 hours and  
7b. YES NO NA b) followed up with a letter to EPA and DES within 5 days? (Permit Part IV, Section D) If no, explain \_\_\_\_\_  
\_\_\_\_\_
8. YES NO NA Has the facility explained all permit violations in both the 5-day letters (if applicable) and the DMR submittals? (Permit Part IV, Section D) If no, explain: \_\_\_\_\_  
\_\_\_\_\_
9. YES NO NA Has the facility taken corrective action to address all permit violations? (Permit Part IV, Section D) If no, explain: \_\_\_\_\_  
\_\_\_\_\_

## II. OPENING CONFERENCE

***Note: If the facility is unable to meet with you to complete the checklist and perform a site review, then sample and reschedule the remaining portions of the inspection at a mutually agreeable time.***

1. Present credentials/review inspection objectives. (*Objective-To ensure that the facility is being operated as needed to maintain compliance with the facility's NPDES permit.*)
2. List people present (include Inspector Name(s)):

<u>NAME</u>	<u>TITLE</u>	<u>PHONE #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. E-mail address: \_\_\_\_\_
4. Permittee's mailing address: \_\_\_\_\_
5. Facility's mailing address: \_\_\_\_\_

**III. PERMIT**

1. YES NO NA Is a copy of the current permit (Parts II, III, and IV attachments) onsite? (40CFR122.41) If no, explain: \_\_\_\_\_  
\_\_\_\_\_

2. YES NO NA If the permit is expired or due to expire within 180 days, has a reapplication package been submitted to DES and EPA (40CFR122.21) If no, explain: \_\_\_\_\_  
\_\_\_\_\_

**IV. OTHER NPDES SPECIFIC REPORTS/REQUIREMENTS**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**V. RECORDS/REPORTS**

1. YES NO NA Are the records and reports maintained by the permittee for at least 3 years? (40CFR122.21(p), 40CFR122.41(j)(2), Permit Part IV) If no, explain: \_\_\_\_\_  
\_\_\_\_\_

2. YES NO NA If the facility monitors any permitted parameter more frequently than required by the permit, using approved test methods, are these additional results included in its DMR calculations? (Permit Part IV: Section D.1.d(2)) If no, explain: \_\_\_\_\_  
\_\_\_\_\_

3. YES NO NA Is a random check of analytical results reported on the facilities benchsheets consistent with data reported by the permittee on their DMRs? (Part IV Section D). If no, explain: \_\_\_\_\_  
\_\_\_\_\_

**VI. FACILITY SITE REVIEW**

1. YES NO NA Is there excessive scum buildup, grease, foam, or floating sludge in or on any of the treatment units? (40CFR122.41(e) and Permit Part III – Section A) If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

2. YES NO NA Are tank weirs level? (40CFR122.41(e) and Permit Part IV – Section B) If no, explain: \_\_\_\_\_  
\_\_\_\_\_

3. YES NO Is there any indication of a hydraulic overload? (*40CFR122.41(e) and Permit Part IV – Section B*) If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
4. YES NO Are there any noxious odors leaving the site? (*40CFR122.41(e) and Permit Part IV – Section B*) If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
5. YES NO Are there any unsafe conditions (e.g. slicks, faulty guardrails, missing grating, etc.)? (*40CFR122.41(e) and Permit Part IV – Section B*) If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
6. YES NO NA Is there any evidence of severe corrosion in any piping or equipment? (*40CFR122.41(e) and Permit Part IV – Section B*) If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
7. YES NO NA Are there any breaks or leaks in any chemical feed lines or other piping? (*40CFR122.41(e) and Permit Part IV – Section B*) If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
8. YES NO NA Is there any surcharging of influent lines, overflow weirs, or other structures? (*40CFR122.41(e) and Permit Part IV – Section B*) If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
9. YES NO NA Is there any evidence of septage spills at the septage receiving facility? (*40CFR122.41(e) and Permit Part IV – Section B*) If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
10. YES NO Are there any unpermitted flows entering the groundwater or surface water from either the wastewater treatment facility or the collection system? (*RSA 485-A:13*) If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
11. YES NO Is there any evidence of potential spills which can contribute pollutants to any storm drains? (*RSA 485-A:13*) If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
12. YES NO NA Is there any dry weather flow in the stormwater drainage system within the facility? (*Possible violation of RSA 485-A:13 – need to investigate/identify source of flow – actually check drains on site*) If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
13. YES NO Does the facility have any floor drains? (*Violation of Permit Part I and RSA 485-A:13 if discharge to storm drain system, surface water or ground water unless specifically permitted – ok if discharge to headworks of WWTP*) If yes, where are they and where do they discharge? \_\_\_\_\_  
\_\_\_\_\_
14. YES NO NA If yes to 13, and the floor drain(s) discharge to the headworks of the treatment plant, are there any chemicals/oils/wastes stored in the vicinity of the floor drain? If yes,

explain: \_\_\_\_\_

*(Recommendation only if to headworks – violation cited in 13 if discharge anywhere else – if chemicals spill into headworks, may adversely effect the process and result in permit violations)*

### VII. EFFLUENT/RECEIVING WATER

1. YES NO NA Are there any floating solids, oil sheen, color, or foam **in the effluent**? (*Observation*)  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
2. YES NO NA Are there any floating solids, oil sheen, color, foam or a recognizable plume **in the receiving water**? (*Permit Part III Section A and Env-Ws 1703.03(c)*) If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
3. Collect sample of effluent. Complete Attachment A.

### VIII. FLOW MEASUREMENT

1. YES NO NA Are influent (if applicable) and effluent flow measuring device(s) professionally calibrated, at least once per year? (*40CFR122.41(e) and Permit Part IV – Section B*).  
What type of influent meter is used? \_\_\_\_\_  
What type of effluent meter is used? \_\_\_\_\_  
If no, explain: \_\_\_\_\_  
\_\_\_\_\_
2. YES NO NA Do facility personnel check the calibration of the flow measuring device(s), between the annual professional calibrations, at least three times per year? (*Recommendation only*) If no, explain frequency. If yes, do facility personnel record the results of these additional tests, and are the results within 10 percent accuracy? \_\_\_\_\_  
\_\_\_\_\_
3. YES NO NA Are all effluent flow measuring devices clean and free of debris and deposits? (*40CFR122.41(e) and Permit Part IV – Section B*) If no, explain: \_\_\_\_\_  
\_\_\_\_\_
4. YES NO NA Are the sides of the flume(s) throat vertical and parallel? (*40CFR122.41(e) and Permit Part IV – Section B*) If no, explain: \_\_\_\_\_  
\_\_\_\_\_
5. YES NO NA Is the effluent weir level? (*40CFR122.41(e) and Permit Part IV – Section B*) If no, explain: \_\_\_\_\_  
\_\_\_\_\_
6. YES NO NA Is there any leakage around any of the flow measuring devices? (*40CFR122.41(e) and Permit Part IV – Section B*) If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

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## IX. SELF MONITORING

1. YES NO NA Are the influent and effluent sampling locations representative of the wastestream? (*Permit Part II.A and IV Section C*) If no, explain: \_\_\_\_\_  
\_\_\_\_\_
2. YES NO NA Are the correct effluent sample types (grab or composite) taken? (*Permit Part II*) If no, explain: \_\_\_\_\_  
\_\_\_\_\_
3. YES NO NA If composite samples are required, are they flow-proportioned?  
[ ] controlled by flow meter [ ] manually done (*Permit Part II and III*) If no, explain: \_\_\_\_\_  
\_\_\_\_\_
4. YES NO NA Are composite samples cooled to  $\leq 6^{\circ}\text{C}$  to properly preserve them during the compositing period? (*40CFR136*) If no, explain: \_\_\_\_\_  
\_\_\_\_\_
- 5a. YES NO NA a) If the composite sample is cooled with ice or gel packs, do you measure the final  
5b. YES NO NA composite sample temperature to make sure that the cooling is sufficient? b) Do you  
record these results? (*40CFR122.41(e), Permit Part IV Section C and 40CFR136*) If  
no, explain: \_\_\_\_\_  
\_\_\_\_\_
- 6a. YES NO NA a) If a refrigerator is used for preserving composite samples, is there a thermometer in  
6b. YES NO NA the refrigerator? b) Is this thermometer checked each time that it is used and are the  
6c. YES NO NA results of the checks recorded? c) Or, is the final sample temperature measured and  
the results recorded? (*40CFR122.41(e), 40CFR136 and Permit Part IV-Section C*)  
If no, explain: \_\_\_\_\_  
\_\_\_\_\_
7. YES NO NA Are all grab samples cooled with ice, gel packs or refrigerated to  $\leq 6^{\circ}\text{C}$  from the time  
of collection until analysis including shipping time, if applicable? If no, explain: \_\_\_\_\_  
\_\_\_\_\_
8. YES NO NA Are all samples which require preservation properly preserved? (*40CFR122.41(e),  
40CFR136 and Permit Part IV-Section C*) If no, explain: \_\_\_\_\_  
\_\_\_\_\_
9. YES NO NA Are the correct sample containers being used? (*40CFR122.41(e), 40CFR136 and  
Permit Part IV-Section C*) If no, explain: \_\_\_\_\_  
\_\_\_\_\_
10. YES NO NA Is all the sampling equipment and glassware cleaned before being used?  
(*40CFR122.41(e), 40CFR136 and Permit Part IV-Section C*) If no, explain: \_\_\_\_\_  
\_\_\_\_\_

11. YES NO NA Does the facility's permit require any metals sampling? \_\_\_\_\_
12. YES NO NA If yes to 11., does the facility acid wash the sampling containers prior to sample collection as required by the approved analytical methods as required by the facility's permit? If no, explain: \_\_\_\_\_  
\_\_\_\_\_

### X. LABORATORY

1. YES NO NA Has a written laboratory QA/QC manual been updated by the facility and approved by DES in the last 5 years? (*40CFR122.41(e) and Permit Part IV-Section B*) (Complete Attachment B if one has not been completed in past 5 years) If yes, provide date Attachment B completed. If no or NA, explain: \_\_\_\_\_  
\_\_\_\_\_
2. YES NO NA Is the QA/QC manual being used by facility personnel? If no explain: \_\_\_\_\_  
\_\_\_\_\_
3. YES NO NA Does the facility have a copy of the EPA-approved analytical methods for each of the analyses performed at the facility? If no, explain: \_\_\_\_\_  
\_\_\_\_\_
4. YES NO NA Are the correct analytical testing procedures used and holding times met? (*Permit Part IV and 40CFR136*) (Complete Attachment C) If no, explain: \_\_\_\_\_  
\_\_\_\_\_
5. YES NO NA Are laboratory method detection limits for all parameters tested less than the permit limits? If no, explain: \_\_\_\_\_  
\_\_\_\_\_
6. YES NO NA With each batch of samples analyzed, is the permittee conducting quality control standards, sample duplicates, spikes and blanks? (*Permit Part IV and 40CFR136*) (Complete Attachment D) If no, explain: \_\_\_\_\_  
\_\_\_\_\_
7. YES NO NA If the permittee is using alternate analytical procedures, have they been approved by EPA? (*40CFR136*) If no, explain: \_\_\_\_\_  
\_\_\_\_\_
8. YES NO NA Is the permittee calibrating and maintaining all laboratory instruments and equipment on the periodic basis specified in the Part 136 Analytical Method or in the QA/QC Manual? (*Annual calibrations for thermometers and balances are required – annual calibrations for all other laboratory instruments are recommended but are not required*) (*40CFR122.41(e), 40CFR136 and Permit Part IV-Section B*) If no, explain: \_\_\_\_\_  
\_\_\_\_\_

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9. YES NO NA Are the thermometers annually checked for calibration using a NIST-certified thermometer or does the facility purchase new NIST-certified thermometers yearly? (40CFR122.41(e) and Permit Part IV-Section B) If no, explain: \_\_\_\_\_
- 
10. YES NO NA Are the reagents and standards being used expired? (Permit Part IV-Section B and 40CFR 122.41(e) If yes, explain: \_\_\_\_\_
- 
11. YES NO NA Is proper laboratory grade laboratory pure water available for specific analyses? (40CFR122.41(e), 40CFR136 and Permit Part IV-Section B) If no, explain: \_\_\_\_\_
- 
12. YES NO NA Are laboratory safety devices (eyewash and shower, fume hood, proper labeling and storage, pipette suction bulbs) available? (Recommendation only) If no, explain: \_\_\_\_\_
- 
13. YES NO NA Are reagents and solvents used for the analyses properly stored? (40CFR122.41(e), 40CFR136 and Permit Part IV-Section B) If no, explain: \_\_\_\_\_
- 
14. YES NO Does the permittee cross-check its calculations? (Recommendation – may result in misreporting which is a violation of the permit – DMRs are certified to be accurate by signature) If no, explain: \_\_\_\_\_
- 
15. YES NO Does the permittee use the correct lab formulae to calculate final results? (40CFR136) If no, explain: \_\_\_\_\_
- 

**XI. OPERATIONS AND MAINTENANCE**

1. YES NO NA Are all treatment units operable? (Observation – may result in violation of permit – 40CFR122.41(e) and Permit Part IV-Section B) If no, explain: \_\_\_\_\_
- 
2. YES NO NA Does the wastewater treatment facility have an alarm system for all essential equipment? (40CFR122.41(e) and Permit Part IV – Section B) If no, explain: \_\_\_\_\_
- 
3. YES NO NA Does the facility check its alarm systems? How often? \_\_\_\_\_ When were the alarm systems last checked? (40CFR122.41(e) and Permit Part IV-Section B) \_\_\_\_\_
-

4. YES NO NA Are alarms sent to qualified personnel who can respond immediately to remedy the problem? (40CFR122.41(e) and Permit Part IV) If no, explain: \_\_\_\_\_  
\_\_\_\_\_
5. YES NO NA Are routine and preventive maintenance scheduled performed and recorded? (40CFR122.41(e) and Permit Part IV-Section B) If no, explain: \_\_\_\_\_  
\_\_\_\_\_
6. YES NO NA Does the facility maintain written procedures for responding to emergencies such as power failures, floods, fires, and other natural disasters? (40CFR122.41(e) and Permit Part IV-Section B) If no, explain: \_\_\_\_\_  
\_\_\_\_\_
7. YES NO NA Does the facility maintain a written list of contacts for emergencies? (40CFR122.41(e) and Permit Part IV-Section B) If no, explain: \_\_\_\_\_  
\_\_\_\_\_
8. YES NO NA Is a logbook kept which documents all plant activities on a daily basis? (40CFR122.41(e), Permit Part IV-Section C and 40CFR122.41(j)(2)) If no, explain: \_\_\_\_\_  
\_\_\_\_\_
9. YES NO NA Does the facility maintain an inventory of spare parts, either at the facility or close by, sufficient to keep all of its treatment units operational? ((40CFR122.41(e) and Permit Part IV-Section B) If no, explain: \_\_\_\_\_  
\_\_\_\_\_
10. YES NO NA Does the facility have standby power for all treatment units? ((40CFR122.41(e) and Permit Part IV-Section B) If no, explain: \_\_\_\_\_  
\_\_\_\_\_
11. YES NO NA Is the standby power regularly exercised under load? ((40CFR122.41(e) and Permit Part IV-Section B) If no, explain: \_\_\_\_\_  
\_\_\_\_\_

## XII. SANITARY SEWER OVERFLOWS

1. YES NO NA Have there been any backups or overflows in the sanitary sewer collection system, including pump stations, manholes and piping since the last inspection? If yes, explain cause/frequency/locations and corrective actions taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. YES NO NA If yes to 1., are these overflows reported to DES and EPA within 24 hours verbally and followed up with a letter in 5 days? If no, explain: \_\_\_\_\_

- 
3. YES NO NA If yes to 1., have any of these overflows impacted surface water? If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. YES NO NA Does the stormwater collection system for the municipality have any dry weather flows? (*Possible violation of RSA 485-A:13 – need to investigate/identify source of flow – actually check drains on site*) If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. YES NO NA Does the facility have up-to-date maps/schematics of all stormwater outfalls? (*Recommendation only*)

### **XIII. COMBINED SEWER OVERFLOWS**

1. YES NO NA Is any portion of the facility’s sewage collection system combined with the storm water collection system with designated outfalls? (*Observation only with referral to EPA for follow-up investigation/enforcement*) If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. YES NO NA If yes to 1., are all combined system outfalls identified and permitted in your NPDES permit? (*RSA 485-A:13 – unpermitted discharge*) If no, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### **XIV. CLOSING CONFERENCE**

1. Review Findings.
2. Explain what the next steps are.