

**NPDES INSPECTION CHECKLIST  
HYDROELECTRIC GENERATING PERMIT**

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

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

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

**I. PRE-INSPECTION INFORMATION**

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

Inspection Type: CSI CEI Type of Discharge: [ ] NCCW [ ] CCW

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

Last Inspection Performed by: DES EPA

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

Name of Person in Responsible Charge: \_\_\_\_\_

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

**BACKGROUND INFORMATION**  
*(Complete this section prior to inspection)*

1. YES NO Are Discharge Monitoring Reports (DMRs) submitted to EPA and DES on time?  
*(Permit – Part I)* If no, explain: \_\_\_\_\_
2. YES NO Are 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 I*) If no, explain: \_\_\_\_\_  
\_\_\_\_\_
6. YES NO NA Have all other permit-required reports such as the annual BMP certification for the previous calendar year's inspections and maintenance activities, monitoring and reporting for facility maintenance-related water during flood/high water events, etc., been completed correctly and submitted on time? (*Permit: Part I 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 II, 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 II, Section D*) If no, explain: \_\_\_\_\_  
\_\_\_\_\_
9. YES NO NA Has the facility taken corrective action to address all permit violations? (*Permit Part II, Section D*) If no, explain: \_\_\_\_\_  
\_\_\_\_\_

## II. OPENING CONFERENCE

***Note: If the facility is unable to accommodate the inspection, observe the outfall, sample and reschedule the remainder 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 I, II and attachments) onsite?  
(40 CFR 122.41) 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. 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 II) 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 II: Section D.1.d) If no, explain: \_\_\_\_\_  
\_\_\_\_\_

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

### V. FACILITY SITE REVIEW

1. YES NO NA Is the facility properly operating and maintaining all of the applicable operations such  
as floor drains, trench drains, station sumps, oil/water separators, wheel pit drains or  
sumps, compressor blowdowns, equipment and seal leakage, lower guide bearing  
drains and other bearing-related discharges, various pit drains (gate stems, turbine  
access doors and scroll case access doors), and miscellaneous infiltration and seepage  
waters collected in a sump or an oil/water separator? (40CFR122.41(e) and Permit  
Part I – Section B.2.) If no, explain: \_\_\_\_\_  
\_\_\_\_\_

2.a. YES NO Has there been a discharge from maintenance-related water from sump dewatering?

2.b. YES NO If yes to 2.a., has the facility monitored the outfall discharge for the parameters listed  
in Part B.3.? If no, explain: \_\_\_\_\_  
\_\_\_\_\_

3.a. YES NO Has there been a discharge associated with maintenance-related water during  
flood/high water event or for equipment-related backwash strainer water?

3.b. YES NO If yes to 3.a., has the facility monitored the outfall for the parameters listed in Part  
B.4.? If no, explain: \_\_\_\_\_  
\_\_\_\_\_

4. YES NO Is there any evidence of severe corrosion in any piping or equipment? (40CFR122.41(e) and Permit Part II – Section B) If yes, explain: \_\_\_\_\_
- 
5. YES NO NA Are there any breaks or leaks in any other piping? (40CFR122.41(e) and Permit Part II – Section B) If yes, explain: \_\_\_\_\_
- 
6. YES NO Are there any unpermitted flows entering the groundwater or surface water from the facility? (RSA 485-A:13) If yes, explain: \_\_\_\_\_
- 
7. YES NO Is there any evidence of potential spills which can contribute pollutants to any storm drains or surface water? (RSA 485-A:13) If yes, explain: \_\_\_\_\_
- 
- 8a. YES NO NA Are there any chemicals added for any purpose to the discharge(s)? If yes, what are they? *Note: Only non-toxic neutralization chemicals may be used:* \_\_\_\_\_
- 
- 8b. YES NO Have the non-toxic neutralization chemicals information been forwarded to EPA & DES? (Permit Part I.B. 14.) If no, explain: \_\_\_\_\_
- 

## VI. EFFLUENT/RECEIVING WATER

1. YES NO NA Are there any floating solids, oil sheen, color, or foam **in the receiving water**? (Observation) If yes, explain: \_\_\_\_\_
- 
2. YES NO NA Is there any visible discoloration **in the receiving water**? (Permit Part I and Env-Ws 1703.03(c)) If yes, explain: \_\_\_\_\_
- 
3. YES NO NA Is the discharge causing the turbidity of the receiving water to exceed naturally occurring conditions by more than 10 NTU? (Permit Part I and Env-Ws 1703.03(c)) If yes, explain: \_\_\_\_\_
- 

## VII. FLOW MEASUREMENT

1. YES NO NA Is the flow metered [ ] or estimated [ ]? If metered, is the effluent flow measuring device professionally calibrated, at least once per year? (40CFR122.41(e) and Permit Part II).  
What type of effluent meter is used? \_\_\_\_\_
2. YES NO NA If applicable, 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?

### VIII. SELF MONITORING

1. YES NO Is the sampling location representative of the discharge(s)? (*Permit Part I and II, Section C*) If no, explain: \_\_\_\_\_  
\_\_\_\_\_
2. YES NO Are samples for the same outfall taken concurrently? Samples must be collected concurrently if possible. (*Permit Part II-Section.B.6*) If no, explain: \_\_\_\_  
\_\_\_\_\_
3. YES NO 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: \_\_\_\_  
\_\_\_\_\_
4. YES NO NA Are all samples which require preservation properly preserved? (*40CFR122.41(e), 40CFR136 and Permit Part II-Section B*) If no, explain: \_\_\_\_\_
5. YES NO NA Are the correct sample containers being used? (*40CFR122.41(e), 40CFR136 and Permit Part II-Section B*) If no, explain: \_\_\_\_\_
6. YES NO NA Is all the sampling equipment and glassware cleaned before being used? (*40CFR122.41(e), 40CFR136 and Permit Part II-Section B*) If no, explain: \_\_\_\_\_  
\_\_\_\_\_

### IX. 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 II-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 I 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 sample duplicates? (*Permit Part I-Section C and 40CFR136*) (Complete Attachment D) If no, explain: \_\_\_\_\_
7. YES NO NA Are 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 II-Section B*) If no, explain: \_\_\_\_\_
8. YES NO NA Are the reagents and standards being used expired? (*Permit Part II-Section B and 40CFR 122.41(e)*) If yes, explain: \_\_\_\_\_
9. YES NO NA Is proper laboratory grade pure water available for specific analyses? (*40CFR122.41(e), 40CFR136 and Permit Part II-Section B*) If no, explain: \_\_\_\_\_
10. YES NO NA Are reagents and solvents used for the analyses properly stored? (*40CFR122.41(e), 40CFR136 and Permit Part II-Section B*) If no, explain: \_\_\_\_\_

### **X. 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 II-Section B*) If no, explain: \_\_\_\_\_
2. YES NO NA Are routine and preventive maintenance scheduled, performed and recorded? (*40CFR122.41(e) and Permit Part II-Section B*) If no, explain: \_\_\_\_\_
3. YES NO Are the solid materials removed from the trash racks or intake screens disposed in accordance with the procedures developed in Part III.D.4? If no, explain: \_\_\_\_\_

### **XI. BEST MANAGEMENT PLAN**

1. YES NO Has a written BMP plan been updated by the facility and reviewed by DES? (Complete Attachment I if it was not reviewed since the last inspection) If yes, provide the date of review. \_\_\_\_\_

### **XII. CLOSING CONFERENCE**

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