# ***Northwest Bergen County Utilities Authority***

INDUSTRIAL PRETREATMENT PROGRAM
FACILITY INSPECTION REPORT

I. DATE OF INSPECTION: _____

II. GENERAL INFORMATION:

A. Facility Name: _____

B. Facility Street Address: _____

_____

_____

C. Facility Identification Number: _____

D. Effective Date of Facility Permit:

_____ through _____

E. Permitted Flow Rate:

☐ < 99 ☐ 100 - 499 gpd ☐ 500 - 999 gpd
☐ 1,000 - 1,999 gpd ☐ 2,000 - 4,999 gpd ☐ 5,000 - 9,999 gpd
☐ 10,000 - 24,999 gpd ☐ > 25,000 gpd ☐ Other: _____

F. Type of Facility:
☐ Categorical
☐ Significant/Major Industrial User
☐ Treated Groundwater Discharge
☐ Other Regulated

If Categorical, list applicable Federal Standard(s) with Subpart(s):_____

_____

G. Name of Facility Contact: _____

Title or Position: _____

Telephone Number: _____

Is Facility Contact present at this location full-time? ☐ Yes ☐ No

If no, explain: _____

H. Name of Authorized Representative: _____

Title or Position: _____

Telephone Number: _____

I. Facility Personnel Present at Inspection: _____

_____

_____

J. Facility Operating Schedule:

Number of Shifts: _____

Start and End Time of Each Shift:

_____ 1st _____ 2nd _____ 3rd

Total Number of Employees: _____

Number of Employees Per Shift:

_____ 1st _____ 2nd _____ 3rd

Normal Operating Schedule:

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|---|
| 1st Shift | | | | | | | |
| 2nd Shift | | | | | | | |
| 3rd Shift | | | | | | | |

III. PRODUCT OR SERVICE INFORMATION:

A. Narrative description of the primary manufacturing or service activity performed at this facility: _____

_____

_____

Has the primary manufacturing or service activity performed at this facility changed since the last inspection? ☐ Yes ☐ No

B. List the principal raw materials used at this facility:

_____

_____

_____

C. List the principal products produced or services provided by this facility:

1. Do the principal products produced or services provided vary seasonally?

☐ Yes ☐ No

If yes, describe: _____

2. Is production or service performed in batch?

☐ Yes ☐ No

If yes, describe: _____

D. List all additional activities and specific processes occurring at this facility:

IV. WATER SOURCES AND USE/WASTEWATER DISCHARGE INFORMATION:

A. Raw Water Sources

| | | METERED | |
|---|---|---|---|
| ☐ Public Water Supply | Specify: _____ | ☐ Yes | ☐ No |
| ☐ Private Wells | Specify: _____ | ☐ Yes | ☐ No |
| ☐ Surface Water | Specify: _____ | ☐ Yes | ☐ No |
| ☐ Other | Specify: _____ | ☐ Yes | ☐ No |

1. Is any laboratory analysis of raw water supply available? ☐ Yes ☐ No
2. Are water bills for public water supply available? ☐ Yes ☐ No

B. Are any water treatment or conditioning processes utilized by this facility on raw water sources? ☐ Yes ☐ No

If yes, describe: _____

C. Are any chemicals added to water supply as biocides, boiler scale inhibitors, demineralizers, etc.? ☐ Yes ☐ No

If yes, describe: _____

D. Raw (Influent) Water Consumption/Use

| Raw (Influent) Water Use | Raw Influent Water Source | Metered (Y or N) | Volume (gpd) |
|---|---|---|---|
| ☐ Process Water: (List Specific Process Uses) | | | |
| | | | |
| | | | |
| | | | |
| ☐ Air Pollution Control Device: | | | |
| ☐ Contact Cooling Water: | | | |
| ☐ Contained in Product: | | | |
| ☐ Boiler Feed: | | | |
| ☐ Non-Contact Cooling Water | | | |
| ☐ Sanitary: | | | |
| ☐ Irrigation/Lawn Watering | | | |
| ☐ Other (List): | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**TOTAL WATER CONSUMPTION:** _____

E. Wastewater (Effluent) Discharge Information

| Wastewater (Effluent) Discharge Method | Source of Wastewater (Effluent) | Metered (Y or N) | Volume (gpd) |
|---|---|---|---|
| ☐ Sanitary Sewer: | | | |
| | | | |
| | | | |
| | | | |
| ☐ Surface Water: | | | |
| ☐ Storm Sewer: | | | |
| ☐ Groundwater Discharge: | | | |
| ☐ Licensed Hauler: | | | |
| ☐ Evaporation: | | | |
| ☐ Other (List): | | | |
| | | | |
| | | | |

**TOTAL REGULATED WASTEWATER DISCHARGE:** _____

F. List Hours of Discharge (Approximate Start and End Times):

Sunday: _____ Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Saturday: _____

1. Does volume or quality of wastewater discharged to sanitary sewer vary seasonally? ☐ Yes ☐ No

   If yes, describe: _____

   _____

2. Does discharge to sanitary sewer occur in batch? ☐ Yes ☐ No

   If yes, describe: _____

   _____

V. SAMPLING INFORMATION:

A. Describe sampling point(s) utilized by this facility: _____

_____

_____

B. List all wastestreams entering sampling point(s) for discharge to sanitary sewer:

☐ Process Wastewater (List separate discharges)

_____

_____

_____

☐ Boiler/ Tower Blowdown
☐ Contact Cooling Water
☐ Non-Contact Cooling Water
☐ Air Pollution Control Unit Discharge
☐ Sanitary
☐ Stormwater
☐ Other: _____

_____

C. Are the sampling point(s) utilized representative of the processes they are intended to monitor? ☐ Yes ☐ No

If no, list deficiencies: _____

_____

D. Is it possible to obtain an automatic composite sample from this facility?

☐ Yes ☐ No

If no, explain: _____

_____

E. Does NBCUA staff have unrestricted access to sampling point(s)?

☐ Yes ☐ No

If no, explain: _____

_____

F. Is a laboratory certified in New Jersey used for all wastewater self-monitoring analyses reported by facility? ☐ Yes ☐ No

Laboratory Name: _____

Address: _____

_____

Laboratory Certificate #: _____

G. Is facility required to perform monthly self-monitoring? ☐ Yes ☐ No

If no, list month(s) self-monitoring is required: _____

H. Are facility self-monitoring reports for the last five (5) years kept on premises and available for inspection? ☐ Yes ☐ No

I. Is facility self-monitoring up-to-date? ☐ Yes ☐ No

J. Record dates of most recent samples:

NBCUA: _____ ☐ Grab ☐ Composite

Facility: _____ ☐ Grab ☐ Composite

Comments: _____

_____

VI. PRETREATMENT FACILITIES:

A. Is any treatment performed on the wastewater prior to discharge to the sewer system?

☐ Yes ☐ No (If no pretreatment is performed prior to discharge, skip to Section VII.)

If yes, list all pretreatment processes utilized:

☐ Air Flotation
☐ Air Stripping
☐ Carbon Adsorption
☐ Centrifugation
☐ Chemical Precipitation
☐ Chlorination
☐ Cyanide Destruction
☐ Electrowinning
☐ Filtration
☐ Flocculation
☐ Other Chemical Treatment: Specify ____
☐ Grease or Oil Separation
☐ Grease Trap
☐ Grit Removal
☐ Ion Exchange
☐ Neutralization (pH adjustment)
☐ Ozonation
☐ Reverse Osmosis
☐ Screening
☐ Sedimentation
☐ Silver Recovery
☐ Solvent Separation
☐ Spill Protection
☐ Ultraviolet Disinfection
☐ Biological Treatment Specify: _____
☐ Flow Equalization

_____

☐ Other Physical Treatment: Specify ____

_____

☐ Other: Specify _____

_____

Comments: _____

_____

_____

B. Has the pretreatment process changed since the last inspection? ☐ Yes ☐ No

If yes, describe: _____

_____

C. Are any changes to the pretreatment system proposed? ☐ Yes ☐ No

If yes, describe: _____

_____

D. Is this facility operating under a compliance schedule to install pretreatment or otherwise attain compliance with applicable standards? ☐ Yes ☐ No

If yes, is the schedule being met? ☐ Yes ☐ No

E. Does this facility generate any sludge or residuals as a result of its pretreatment operations? ☐ Yes ☐ No

If yes, describe the residuals generated and the method of disposal:

_____

_____

_____

F. Does this facility have a licensed operator for its pretreatment operation?

☐ Yes ☐ No ☐ N/A (No pretreatment system)

1. Name of licensed operator: _____
2. Title or position: _____
3. License Classification Number: _____
4. Name, address and telephone number of licensed operator's company, if different than permitted facility: _____

_____

_____

G. Are maintenance and servicing records for pretreatment system available for inspection?

☐ Yes ☐ No

If yes, describe: _____

_____

_____

VII. INSTRUMENTATION:

A. Is a pH meter(s) utilized by this facility to analyze the pH of wastewater prior to discharge? ☐ Yes ☐ No

If yes, answer the following:

1. Is pH monitored continuously? ☐ Yes ☐ No
2. Is a chart recorder utilized to record pH data? ☐ Yes ☐ No
3. Is pH data available for inspection? ☐ Yes ☐ No
4. How often is pH meter(s) calibrated? _____

_____

5. Is this facility certified by the NJDEP Office of Quality Assurance for pH monitoring and calibration procedures? ☐ Yes ☐ No

If yes list certification number: _____

Comments: _____

_____

_____

B. Is an on-line flow meter(s) utilized by this facility to monitor wastewater discharge flow? ☐ Yes ☐ No

If yes, answer the following:

1. What type of flow meter(s) is utilized? _____

_____

2. Is a chart recorder utilized to record flow data? ☐ Yes ☐ No
3. Is flow data available for inspection? ☐ Yes ☐ No
4. How often is flow meter(s) calibrated? _____

_____

5. Are calibration/maintenance records available for inspection? ☐ Yes ☐ No
6. Are current calibration/maintenance schedules satisfactory? ☐ Yes ☐ No

Comments: _____

_____

_____

C. Is an LEL meter utilized by this facility to monitor atmospheric conditions?

☐ Yes ☐ No

If yes, answer the following:

1. What type of LEL Meter(s) is utilized? _____

_____

2. Is a chart recorder utilized to record LEL data? ☐ Yes ☐ No
3. Is LEL data available for inspection? ☐ Yes ☐ No
4. How often is LEL meter(s) calibrated? _____

_____

5. Are calibration/maintenance records available for inspection? ☐ Yes ☐ No
6. Are current calibration/maintenance schedules satisfactory? ☐ Yes ☐ No

Comments: _____

_____

D. Does the facility utilize its own automatic sampler(s) to collect wastewater samples?

☐ Yes ☐ No

If yes, answer the following:

1. What type of sampler(s) is utilized? _____

_____

2. Are maintenance records available for inspection? ☐ Yes ☐ No
3. What type of sampler maintenance is performed? _____

_____

4. What method of calibration is utilized? _____

_____

5. Are calibration/maintenance records available for inspection? ☐ Yes ☐ No
6. Are current calibration/maintenance schedules satisfactory? ☐ Yes ☐ No

Comments: _____

_____

E. Describe other instrumentation utilized by this facility: _____

_____

_____

VIII. ENVIRONMENTAL PERMITS AND CONTROLS:

A. Does this facility hold any of the following permits or registrations?

| | | |
|---|---|---|
| ☐ | NJPDES: | Type: _____ |
| | | Permit No: _____ |
| ☐ | Stormwater: | Type: _____ |
| | | Permit No: _____ |
| ☐ | Underground Storage Tank(s): | Registration No.: _____ |
| ☐ | Air Pollution Permit: | Site ID No.: _____ |
| ☐ | ISRA: | Site ID No: _____ |
| ☐ | RCRA: | Type: _____ |
| | | Permit No: _____ |
| ☐ | Other: | List: _____ |
| ☐ | None | |

B. Does the facility have an exhaust system(s) in conjunction with any process operations? ☐ Yes ☐ No

If yes, are the exhaust system(s) registered with the NJDEP? ☐ Yes ☐ No

C. Does this facility utilize an air pollution control device? ☐ Yes ☐ No

If yes, describe: _____

_____

D. Is this facility required to submit a Toxic Release Inventory (TRI) Report to the NJDEP? ☐ Yes ☐ No

If yes, date submitted: _____

E. Is this facility required to submit a Right-to-Know Annual Report to local health and emergency response officials? ☐ Yes ☐ No

If yes, date submitted: _____

F. Has this facility developed a Pollution Prevention Program or a Waste Minimization Plan in conformance with the New Jersey Pollution Prevention Act? ☐ Yes ☐ No

If yes, date of the most recent update: _____

IX. HAZARDOUS CHEMICAL USE AND HANDLING:

A. Are hazardous chemicals used on-site in more than laboratory quantities?

☐ Yes ☐ No (If no hazardous chemicals are used, skip this Section.)

| Type of Chemical | Quantity Stored | Use of Chemical |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

B. Describe storage area for hazardous chemicals prior to use: _____

C. Have adequate handling procedures been developed to prevent hazardous chemicals used during process operations from reaching the sewer? ☐ Yes ☐ No

Describe: _____

X. WASTE GENERATION AND DISPOSAL:

A. Does this facility generate any hazardous waste materials?

☐ Yes ☐ No (If no hazardous wastes are generated, skip to Section F.)

| Type of Waste | Quantity Generated | Method of Disposal |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

B. Describe storage area for hazardous wastes prior to disposal: _____

Are there floor drains in the storage area? ☐ Yes ☐ No

C. List name and address of hazardous waste hauler(s): _____

D. Has this facility submitted its Hazardous Waste Generator Report in accordance with the requirements of the Resource Conservation and Recovery Act (RCRA)?

☐ Yes ☐ No

E. Are hazardous waste manifest records available for review? ☐ Yes ☐ No

Comments: _____

F. Does this facility generate other waste (non-hazardous) as a result of process operations or pretreatment that is disposed of by means other than discharge to the sewer? (Do not include household-type garbage). ☐ Yes ☐ No If yes, list below:

| Type of Waste | Quantity Generated | Method of Disposal |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

XI. SPILL PREVENTION AND CONTROL:

A. Has a spill occurred at this facility within the last three (3) years?

☐ Yes ☐ No

If yes, describe the event and corrective actions taken to prevent future spills:

B. Does this facility have a spill prevention/response program in place?

☐ Yes ☐ No

If yes, describe: _____

C. Does this facility conduct any formal spill prevention/response training with employees?

☐ Yes ☐ No

If yes, describe: _____

D. Does this facility have spill containment structures in place?

☐ Yes ☐ No

If yes, describe: _____

E. Does this facility have adequate housekeeping?

☐ Yes ☐ No

If no, list deficiencies: _____

F. Does this facility have equipment available to contain spills, such as absorbent pads, etc?

☐ Yes ☐ No

If yes, describe: _____

G. Does this facility have formal notification procedures for emergency situations?

☐ Yes ☐ No

If yes, describe: _____

Name of facility contact responsible for notifying the NBCUA:

H. Does this facility have the NBCUA Industrial Wastewater Discharge Permit permanently posted in a prominent location ?

I. ☐ Yes ☐ No

Location: _____

J. Is a Slug Discharge Control Plan (40 CFR Part 403.8 (f) (2) (v) ) necessary for this facility?

☐ Yes ☐ No

If yes, has the facility submitted a Slug Discharge Control Plan to the NBCUA?

☐ Yes ☐ No Date of most recent revision: _____

XII. TOXIC ORGANIC MANAGEMENT:

A. Is this facility regulated by 40 CFR Parts 413 or 433 (Electroplating or Metal Finishing)?

☐ Yes ☐ No (If no, skip this section.)

B. Does this facility monitor pollutants listed in its Industrial Wastewater Discharge Permit under Total Toxic Organics that are reasonably expected to be present in the wastewater discharge? ☐ Yes ☐ No

If no, has the facility submitted an acceptable Toxic Organics Management Plan to the BCUA? ☐ Yes ☐ No

If yes, date of most recent revision: _____

COMMENTS, DEFICIENCIES, RECOMMENDATIONS AND OBSERVATIONS NOTED DURING THE INSPECTION:

INSPECTOR(S):

Name: _____ Signature: _____

Title: _____

Name: _____ Signature: _____

Title: _____

REPORT PREPARED BY:

Name: _____ Signature: _____

Title: _____

REPORT REVIEWED FACILITY REPRESENTITIVE:

Name: _____ Signature: _____

Title: _____ Date : _____

REPORT REVIEWED BY IPP COORDINATOR:

Name: _____ Signature: _____

DATE REVIEW COMPLETED: _____