

**Western Carolina Regional Sewer Authority DBA Renewable Water Resources
Industrial Pretreatment Site Inspection Report**

Date of Inspection:

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Arrival Time:

| | |
|----|----|
| AM | PM |
|----|----|

Departure Time:

| | |
|----|----|
| AM | PM |
|----|----|

Name and Address of Industry:

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Permit/LVD No.:

Expiration Date :

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Inspected by:

Facility Rep./Title:

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Inspection Rating

() Satisfactory () Unsatisfactory

I. Entry

Yes No N/A

a. Peripheral examination of facility performed?

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b. Entry problems?

II. Opening Conference

a. Purpose of inspection presented?

b. Information to be collected described?

c. Complete tour of the facility requested?

d. Authorized representative(s) contacted?

e. Update of any changes to regulation or policy covered?

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III. Records and Reports

a. Permit/LVD verified?

b. Records maintained for past 3 years?

c. Chain of custody maintained?

d. Self-monitoring/Daily flow reports maintained?

e. Lab analysis report maintained and all pollutants identified in permit analyzed?

f. Signature requirements conform to 40 CFR 403?

g. Required reports submitted on time and accurate (e.g. SMR, compliance reports, etc...)?

h. Correct ReWa fees and charges applied? Yes _____ No _____
Comments _____

i. Name of highest ranking facility rep.: _____

Title: _____

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IV. Facility Operations and Maintenance

a. Facility is as described in permit application?

b. Principal products conform to application information?

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Date: _____

| Yes | No | N/A |
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- c. Monitoring facility is as described in permit/LVD letter?
- d. All discharges are permitted? (Frequency: Continuous____ / Batch____)
- e. SPCC, Slug, BMP plan available and implemented? (Plan Date:_____)
- f. TOMP plan implemented (413, 433, 469)? (Plan Date:_____)
- g. Waste minimization/water conservation activities observed? (Plan Date:_____)
- h. Visual inspection of hazardous waste storage area(s) performed?
(RCRA Letter available? Yes____ / No____)

V. Pretreatment Operations and Maintenance

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- a. Adequate alarm system?
- b. Adequate disposal of sludges/solids?
Disposal Site: _____
Hauler: _____
- c. Appropriate treatment units in service?
- d. Treatment units in good condition?
- e. Any Bypass since last visit?

If yes, was notification received?
- f. Operations manual available?
- g. Operator of record/Certification level: _____
- h. SCDHEC Treatment System Operations Permit on file?

VI. Self Monitoring

Part 1- Flow measurement: GWS____/EFF. Meter____/Batch-Tank Vol._____
(Billing Status: Billed on:_____ / Surcharged on:_____)

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Permittee flow measurement meets the requirements and intent of the permit?

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- a. Primary flow measuring device properly operated and maintained?
Type of device: () Weir () Parshall Flume
() Turbine () Magmeter () Venturimeter
() Palmer-Bowlus () Other (specify)_____
- b. Secondary flow measuring device (sensor) properly operated and maintained?
Type of device: () Capacitance () Bubbler
() Pressure Sensor () Subsonic
() Ultrasonic () Paddle Wheel () Other
- c. Calibration frequency adequate? (Date of last calibration_____)

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|-------------------------|-------------|
| Name of Industry: _____ | Date: _____ |
|-------------------------|-------------|

- | | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| d. Secondary instruments (totalizers, recorders, etc.) properly operated and maintained? Totalizer Reading = _____ X _____ FACTOR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Flow measurement equipment adequate to handle expected range of flow rates? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Sampling information displayed at sampling point (gallons/pulse, factor, Inhibit Mode, etc.)? Gal-Pulse: _____ / Current Avg. Flow: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part 2 - Sampling (Further explanation attached _____)

Permittee sampling meets the requirements and intent of the permit? Yes No N/A

Details:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| a. Is sampling done by SCDHEC certified lab? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Locations adequate for representative grab and 24-hour composite sampling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Parameters and sampling frequencies agree with permit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Permittee is using method of sample collection required by permit? If no, () Grab () Manual composite () Automatic composite Frequency _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

e. Sample collection procedures (Assessments based on: Review of lab data_____ / Sampling observation_____)

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Samples refrigerated during composition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Proper preservation techniques used? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Flow proportional samples obtained where required by permit? (Type) Pulse _____ Inhibit _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Sample holding times prior to analysis in conformance with 40 CFR 136.3? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Monitoring and analyses being performed more frequently than required by permit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. If (f) is yes, results are reported in permittee's self monitoring report? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part 3 - Laboratory (Further explanation attached _____)

Permittee laboratory procedures meet the requirements and intent of the permit? Yes No N/A

Details:

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|--|--------------------------|--------------------------|--------------------------|
| a. Commercial laboratory used? If yes, is laboratory State Certified? () Yes () No Lab Name & Address _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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COMMENTS: _____

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VII. Comments on Inspection

Yes No N/A

- a. Were any potential or known violations observed?
- b. Specific hazards and unusual circumstances noted?
- c. Significant changes at facility since last inspection?
- d. Significant changes in discharge at facility?
- e. If yes to "C" or "D", was ReWa notified?
- f. Any significant changes planned within the next year?

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VIII. Enforcement Activities/Status

- a. Violation(s) of permit conditions/limitations or Sewer Use Regs. since last annual inspection?
- b. Is the Industry under a Compliance Schedule?
- c. Is the Industry under an Administrative Consent Order?
- d. Is the Industry in Significant Non-compliance?

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COMMENTS: _____

IX. Signatures

I hereby affirm that I have read and fully understand the findings of this report.

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|---------------------------------|------|-----------------------------|------|
| | | | |
| Facility Representative / Title | Date | ReWa Pretreatment Inspector | Date |

Reviewed by: _____ Date: _____

Signature & Title

Comments: _____
