

Renewable Water Resources Unannounced Site Inspection Report

Date of Inspection:

Arrival Time:

Departure Time:

	AM	PM	AM	PM
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Name of Industry:

LVD/Permit No.:
Expiration Date:

Inspected by:
Facility Rep./Title:

I. Pretreatment Facility

Y N N/A

- a. Appropriate treatment units in service?
- b. Treatment units in good condition?
- c. Any Bypass since last visit?
- d. If yes, was notification received?
- e. Operations manual available?
- f. Operator of record: _____

Comments: _____

II. Effluent Monitoring Facility

Flow measurement: GWS____ /EFF. Meter____/ Batch-Tank Vol.____

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

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Comments: _____

III. Wastewater Characteristics consistent with the conditions/limitations in permit?

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Comments: _____

IV. Any known deficiencies documented or observed?

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Comments: _____

V. Follow-Up Inspection Recommended?

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Comments: _____

Reviewed By / Title: _____