

**OREGON DEQ PRETREATMENT COMPLIANCE
INSPECTION (PCI) CHECKLIST**

Checklist Contents:

- Cover Page
- Part I: Previous Inspection Review
- Part II: Annual Report Review
- Part III: File Review
- Part IV: Evaluation and Summary
- Attachments: Supporting Documents for the Checklist

Control Authority Name and Address:

Date(s) of Inspection: _____

Time In:

Time Out:

Inspector(s):

<u>Name</u>	<u>Title/Affiliation</u>	<u>Phone No.</u>
_____	_____*	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Identifies Lead Inspector

Control Authority Representative(s):

<u>Name</u>	<u>Title</u>	<u>Phone No.</u>
_____	_____*	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Identifies Program Contact

PART I - PREVIOUS INSPECTION REVIEW

1. **Required Actions**

Did the PCI or Audit for the preceding year identify any
"Required Actions" for the POTW? Yes___ No.

If yes, complete the following section:

<u>Required Action</u>	<u>Adequately Addressed?</u>	
		<u>No</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. **Recommended Actions**

Did the PCI or Audit for the preceding year identify any
"Recommended Actions" for the POTW? Yes___ No.

If yes, complete the following section:

<u>Recommended Actions</u>	<u>Adequately Addressed?</u>	
		<u>No</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. **DEQ Follow-up**

Are there any outstanding requirements or recommendations
that require additional DEQ follow-up? Yes___ No.

If yes, provide a description of necessary actions

PART II - ANNUAL REPORT REVIEW

1. Cover Sheet

- a. Is the Cover Sheet information complete? Yes___ No___
- b. Is the report signed and certified? Yes___ No___

2. Program Update

- a. Is the information provided by the POTW consistent with DEQ's records? Yes___ No___

If no, explain: _____

- b. Is additional POTW or DEQ follow-up required? Yes. No.

If yes, describe: _____

3. Treatment Plant Monitoring

- a. Has the POTW provided all of the monitoring data required by its NPDES permit? Yes___ No.
- b. Is the data reported correctly? Yes___ No___
- c. Are there anomalies in the reported data that require DEQ follow-up? Yes___ No.

If yes, explain: _____

4. Local Limit Evaluation

- a. Has the POTW correctly performed the headworks loading comparison? Yes___ No__
- b. Does the comparison reveal any problems with the POTW's existing limits? Yes___ No__

If yes, explain: _____

- c. Are there any factors affecting the POTW's limits that were not considered during limits development? Yes___ No__

If yes, describe: _____

5. Treatment Plant Upsets/Problems

- a. Has the POTW experienced upsets or problems related to industrial discharges during the Annual Report period? Yes___ No__
- b. Has the POTW experienced upsets or problems related to industrial discharges since the Annual Report period? Yes___ No__
- c. If the answer to "a" or "b" is yes, did the POTW respond appropriately? Yes___ No___ N/A___

Describe the response(s): _____

6. List of Regulated Users/Industrial Survey Update

- a. Is the list of regulated users representative of current conditions? Yes___ No___
- b. Did the POTW follow its approved procedures to update the Industrial Survey? Yes___ No__

c. Do the procedures appear adequate? Yes No

If no, describe inadequacies: _____

7. Compliance/Oversight Summary

a. Have permits been issued to all SIUs? Yes ___ No ___

b. Did the POTW use its approved permit format? Yes No

Describe any problems observed regarding the POTW's permitting process: _____

c. Were formal, documented inspections performed for all SIUs? Yes ___ No

d. Were all SIUs monitored for all regulated pollutants at least once during the calendar year? Yes ___ No ___

At least twice? Yes No

e. Did the POTW follow its approved procedures in conducting monitoring and inspections? Yes No

Describe any deficiencies relating to inspections or monitoring: _____

8. Noncompliance/Enforcement Summary

a. Did the POTW respond to all instances of IU noncompliance with a documented enforcement action? Yes ___ No

b. Did the POTW respond to all instances of Significant Noncompliance with at least an enforceable order? Yes ___ No

- c. Did the POTW publish all users in Significant Noncompliance? Yes No___
- d. Did the POTW follow the procedures described in its Enforcement Response Plan? Yes___ No.
- e. Did the POTW's action(s) result in a timely return to compliance by IUs? Yes No.
- f. How does the POTW determine that the IU has returned to compliance? _____

Comments: _____

9. Resource Summary

- a. During the past year, has the POTW's pretreatment staffing and funding:
 - ___ Increased
 - ___ Decreased
 - ___ Remained Same
- b. At current resource levels, has the POTW been able to meet all program commitments? Yes___ No___

Describe any resource related deficiencies: _____

10. Pretreatment Program Evaluation

- a. Does the POTW's self-evaluation reveal any program deficiencies? Yes___ No.
- If yes, identify each deficiency, and provide a complete description of the POTW's actions in response to the deficiency.

PART III - FILE REVIEW

Evaluate the contents to determine if the appropriate response to each of the following questions is yes (mark with a "Y"), no (mark with an "N"), or not applicable (mark with "N/A").

IU IDENTIFICATION

FILE 1

Industry Name _____ File/ID No. _____
Industry Address _____
Type of Industry _____ Industrial Category _____ 40 CFR _____
Total Flow (MGD) _____ Process Flow (MGD) _____ SIC Code _____
Comments _____

FILE 2

Industry Name _____ File/ID No. _____
Industry Address _____
Type of Industry _____ Industrial Category _____ 40 CFR _____
Total Flow (MGD) _____ Process Flow (MGD) _____ SIC Code _____
Comments _____

FILE 3

Industry Name _____ File/ID No. _____
Industry Address _____
Type of Industry _____ Industrial Category _____ 40 CFR _____
Total Flow (MGD) _____ Process Flow (MGD) _____ SIC Code _____
Comments _____

FILE 4

Industry Name _____ File/ID No. _____
Industry Address _____
Type of Industry _____ Industrial Category _____ 40 CFR _____
Total Flow (MGD) _____ Process Flow (MGD) _____ SIC Code _____
Comments _____

FILE 5

Industry Name _____ File/ID No. _____
Industry Address _____
Type of Industry _____ Industrial Category _____ 40 CFR _____
Total Flow (MGD) _____ Process Flow (MGD) _____ SIC Code _____
Comments _____

PART III - FILE REVIEW

FILE EVALUATION CRITERIA	<u>File 1</u>	<u>File 2</u>	<u>File 3</u>	<u>File 4</u>	<u>File 5</u>
1. Industrial User Information					
a. IU Survey Present					
b. Permit Application:					
▶ Current		_____	_____	_____	_____
▶ Complete		_____	_____	_____	_____
▶ Comprehensive					
2. IU Permit (Application of Standards and Requirements)					
a. Permit issued and current	_____	_____	_____	_____	
b. Fact Sheet Completed					
c. Statement of Duration (< 5 years)				_____	_____
d. Statement of Non-transferability		_____	_____	_____	_____
e. Applicable Effluent Limits:					
▶ General and Specific Prohibitions		_____	_____	_____	_____
▶ Categorical Standards:					
- Category/Subcategory					
- New/Existing Source					
- All Regulated Pollutants	_____	_____	_____	_____	
- TTO/TOMP/O&G		_____	_____		
- Production-based		_____	_____	_____	_____
- CWF/FWA	_____	_____		_____	_____
▶ Applicable Local Limits					
▶ Most Stringent Limit Applied		_____	_____	_____	_____

FILE EVALUATION CRITERIA

File 1 File 2 File 3 File 4 File 5

f. Monitoring and Reporting Requirements

Monitoring Requirements

- ▶ All Applicable Pollutants
- ▶ Appropriate Sampling Frequencies
- ▶ Sampling Location
- ▶ Sample Type (Grab/Comp)
- ▶ 40 CFR Part 136 Ref

	_____	_____	_____	_____
	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Reporting Requirements

- ▶ Periodic Compliance Report
- ▶ Notice of Potential Problems
- ▶ Notice of Violation/Resampling
- ▶ Reporting of Additional Monitoring
- ▶ Notice of Changed Discharge
- ▶ Notice of Sig. Production Change
- ▶ Special Requirements for CIUs

_____	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Recordkeeping Requirements

- ▶ Recordkeeping Content
- ▶ Recordkeeping Duration

_____	_____	_____	_____	_____
	_____	_____	_____	_____

g. Applicable Civil/Criminal Penalties

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

FILE EVALUATION CRITERIA

File 1 File 2 File 3 File 4 File 5

4. POTW Monitoring

- a. In accordance w/ Program
- b. All Regulated Pollutants
- c. Consistent w/ Annual Report
- d. Documentation of sampling
- e. Documentation of analysis

_____ _____
 _____ _____

5. POTW Inspections

- a. In accordance w/ Program
- b. Inspection Report Complete
- c. Consistent w/ Annual Report
- d. Documentation Adequate
- e. Follow-up adequate

_____ _____
 _____ _____

6. POTW Compliance/Enforcement

- a. All Data Reviewed (POTW & IU)
- b. All Noncompliance Identified for:
 - ▶ IU Monitoring Data
 - ▶ POTW Monitoring Data
 - ▶ Reporting (frequency, content)
 - ▶ Sampling (frequency, procedures)
 - ▶ Notifications
 - ▶ Compliance Schedules
- c. Documented Action for Each Event
- d. Actions in Accord. w/ ERP
- e. User Returned to Compliance

 _____ _____
 _____ _____
 _____ _____
 _____ _____

FILE EVALUATION CRITERIA

File 1

File 2

File 3

File 4

File 5

f. Was SNC review performed for:

- ▶ Chronic
- ▶ TRC
- ▶ Pass Through/Interference
- ▶ Spill/Slugs
- ▶ Reporting
- ▶ Compliance Schedules
- ▶ Other

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

g. Was SNC published

_____	_____	_____	_____
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7. Data Management

- a. File Complete
- b. Adequate access to data
- c. Tracking Adequate for:

- ▶ Reports
- ▶ Data
- ▶ Enforcement

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

File Comments:

ts

PART IV - EVALUATION AND SUMMARY

<u>Description and Regulatory Citation</u>	<u>Checklist Question(s)</u>	<u>Action</u>		
		<u>None</u>	<u>Rec.</u>	<u>Req.</u>
Control Authority Pretreatment Program Modifications	II.1			
1. Program modification notification [403.18] Action: _____ _____ _____				
2. Prepare and submit a list of SIUs (including identifying criteria) [403.8(f)(6)] Action: _____ _____ _____	II.6.a			
3. Identify and locate all SIUs [403.8(f)(2)(i)] Action: _____ _____ _____	II.6.b.,c.			
4. Evaluate the need for SIUs to develop slug discharge control plans [403.8(f)(2)(v)] Action: _____ _____ _____	PPE.10			
Control Mechanism				
5. Individual control mechanisms to all SIUs [403.8(f)(1)(iii)] Action: _____ _____ _____	II.7.a			
6. Control mechanisms contain: [403.8(f)(1)(iii)(A)-(E)] - Statement of duration - Statement of nontransferability - Effluent limits - Self-monitoring requirements - Statement of penalties Action: _____ _____ _____	II.7.b. III.2.			

<u>Description and Regulatory Citation</u>	<u>Checklist Question(s)</u>	<u>Action</u>		
		<u>None</u>	<u>Rec.</u>	<u>Req.</u>

Compliance Monitoring

7. Inspect and sample each SIU once a year [403.8(f)(2)(v)]
 Action: _____

8. Proper inspection procedures [403.8(f)(2)(vi)]
 Action: _____

9. Receive reports from CIUs [403.12(e)]
 Action: _____

10. Self-monitoring reports from CIUs are signed and certified [403.12(1))(403.6(a)(2)(ii)]
 Action: _____

11. Receive and analyze self-monitoring reports submitted by IUs [403.8(f)(2)(iv)]
 Action: _____

Enforcement

12. Annually publish a notice of significant violators [403.8(f)(2)(vii)]
 Action: _____

13. Develop IU compliance schedule [403.8(f)(1)(iv)(A)]
 Action: _____

<u>Description and Regulatory Citation</u>	<u>Checklist Question(s)</u>	<u>Action</u>		
		<u>None</u>	<u>Rec.</u>	<u>Req.</u>
14. IU compliance within 3 years of standards effective date [403.6(b)] Action: _____ _____ _____	PPE.30			
15. Compliance with new source standards after the first 90 days of discharge Action: _____ _____ _____	III.3.c. 403.6(b)]			

RNC/SNC Criteria

Level I

1. Failed to take effective action against industrial users for pass through or interference.
Yes ___ No
2. Failed to submit a pretreatment report (e.g., annual report, publication of SNC) within 30 days of due date.
Yes ___ No ___
3. Failed to complete a pretreatment implementation compliance schedule milestone within 90 days of due date.
Yes ___ No ___

Level II

1. Failed to issue or reissue IU permits for 90% of SIUs within 180 days of due date.
Yes No
2. Failed to conduct a complete sampling or inspection of at least 80% of SIUs.
No
3. Failed to enforce pretreatment standards or reporting requirements.

Failed to take formal or informal action within 30 days of an identified violation.

Failed to return users in SNC to compliance, or issue an enforceable order, within 90 days.

More than 15% of SIUs in SNC without formal actions.
No
4. Any other violation(s) that the Department considers to be of substantial concern.
Yes No

=====
RNC ?

SNC ?

=====
DEQ Enforcement Determination: _____

