

NORTHWEST BERGEN COUNTY UTILITIES AUTHORITY
TREATED GROUNDWATER DISCHARGE INSPECTION REPORT

I. DATE OF INSPECTION: _____

II. GENERAL INFORMATION:

A. Facility Name: _____

Facility Address: _____

B. Facility Identification Number: _____

C. Effective Date of Facility Permit:

_____ through _____

D. Permitted Flow Rate:

- | | | |
|--|--|--|
| <input type="checkbox"/> < 99 | <input type="checkbox"/> 100 - 499 gpd | <input type="checkbox"/> 500 - 999 gpd |
| <input type="checkbox"/> 1,000 - 1,999 gpd | <input type="checkbox"/> 2,000 - 4,999 gpd | <input type="checkbox"/> 5,000 - 9,999 gpd |
| <input type="checkbox"/> 10,000 - 24,999 gpd | <input type="checkbox"/> > 25,000 gpd | |
| <input type="checkbox"/> Other: _____ | | |

E. Name of Authorized Representative: _____

Title or Position: _____

Telephone Number: _____

Fax Number: _____

F. Name of Consulting Firm: _____

Contact Person: _____

Address: _____

Telephone: _____

Fax Number: _____

G. Personnel present at inspection: _____

Title or Position: _____

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III. HISTORICAL INFORMATION:

A. Is site active? Yes No

B. Contamination resulted from the following activities: _____

C. The following contaminants are present at the site: _____

IV. GROUNDWATER DISCHARGE INFORMATION:

A. TOTAL AVERAGE DAILY GROUNDWATER DISCHARGE: _____

B. Is Discharge Metered? Yes No

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

Sunday: _____ Monday: _____ Tuesday: _____

Wednesday: _____ Thursday: _____ Friday: _____

Saturday: _____

D. Does volume or quality of groundwater discharged to sanitary sewer vary seasonally? Yes No

If yes, describe: _____

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

If yes, describe: _____

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V. SAMPLING INFORMATION:

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

B. Are the sampling point(s) utilized representative of the discharge they are intended to monitor? Yes No

If no, list deficiencies: _____

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

Yes No

If no, explain: _____

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

Yes No

If no, explain: _____

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

Laboratory Name: _____

Address: _____

Laboratory Certification #: _____

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

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

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

If no, list location: _____

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

Record dates of most recent samples:

NBCUA _____ Grab Composite

Self-monitoring: _____ Grab Composite

Comments: _____

VI. TREATMENT SYSTEM:

A. Is any treatment performed on the wastewater prior to discharge to the sewer system? Yes No

If yes, list all pretreatment processes utilized:

- | | |
|---|---|
| <input type="checkbox"/> Air Flotation | <input type="checkbox"/> Ozonation |
| <input type="checkbox"/> Air Stripping | <input type="checkbox"/> Reverse Osmosis |
| <input type="checkbox"/> Carbon Adsorption | <input type="checkbox"/> Screening |
| <input type="checkbox"/> Centrifugation | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Chemical Precipitation | <input type="checkbox"/> Silver Recovery |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> Solvent Separation |
| <input type="checkbox"/> Cyanide Destruction | <input type="checkbox"/> Spill Protection |
| <input type="checkbox"/> Electrowinning | <input type="checkbox"/> Ultraviolet Disinfection |
| <input type="checkbox"/> Filtration | <input type="checkbox"/> Biological Treatment: Specify: _____ |
| <input type="checkbox"/> Flocculation | <input type="checkbox"/> Other Chemical Treatment: Specify: _____ |
| <input type="checkbox"/> Flow Equalization | <input type="checkbox"/> Other Physical Treatment: Specify: _____ |
| <input type="checkbox"/> Grease or Oil Separation | <input type="checkbox"/> Other: Specify: _____ |
| <input type="checkbox"/> Grease Trap | |
| <input type="checkbox"/> Grit Removal | |
| <input type="checkbox"/> Ion Exchange | |
| <input type="checkbox"/> Neutralization (pH adjustment) | |

B. List of pollutants the treatment system is designed to remove:

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C. Has the treatment system changed since the last inspection? Yes No

If yes, describe: _____

D. Are any changes to the treatment system proposed? Yes No

If yes, describe: _____

E. Is there a method or instrumentation in place to discontinue discharge during wet weather periods? Yes No

If yes, describe: _____

F. Does the treatment system generate any sludge or residuals? Yes No

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

G. Does this treatment system have a licensed operator? Yes No

Name of licensed operator: _____

Title or position: _____

License Classification Number: _____

Name, address, and telephone number of licensed operator's company:

H. Are maintenance and service records for the treatment system available for inspection? Yes No

If yes, describe: _____

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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: _____

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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: _____

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VII. ENVIRONMENTAL PERMITS AND CONTROLS

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

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

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

If yes, describe: _____

IX. CHEMICAL USE AND HANDLING:

A Are chemical additives used in the treatment system: Yes No

<u>Type of Chemical</u>	<u>Quantity Stored</u>	<u>Use of Chemical</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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B. Describe storage area for treatment system chemicals: _____

C. Have adequate handling procedures been developed to prevent treatment system chemicals from reaching the sewer? Yes No
Describe: _____

X. WASTE GENERATION AND DISPOSAL:

A. Does this facility generate any hazardous or non- hazardous waste materials?
 Yes No

<u>Type of Waste</u>	<u>Quantity Generated</u>	<u>Method of Disposal</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

C. Are floor drains in the storage area? Yes No
If yes, describe: _____

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

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E. Is facility required to submit a Hazardous Waste Generator Report in accordance with the requirements of the Resource Conservation and Recovery Act (RCRA)?
 Yes No

F. Are hazardous waste manifest records available for review? Yes No
Comments: _____

XI. SPILL PREVENTION AND CONTROL:

A. Does this facility have a spill/prevention program in place? Yes No
If yes, describe: _____

B. Does this facility have spill containment structures in place? Yes No
If yes, describe: _____

C. Does this facility have equipment available to contain spills, such as absorbent pads, etc? Yes No
If yes, describe: _____

D. Does this facility have formal notification procedures for emergency situations?
 Yes No
If yes, describe: _____

E. Name of facility contact responsible for notifying the BCUA:

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INSPECTOR(S):

Name: _____

Signature: _____

Title: _____

Name: _____

Signature: _____

Title: _____

REPORT PREPARED BY:

Name: _____

Signature: _____

Title: _____

REPORT REVIEWED BY CASE MANAGER:

Name: _____

Signature: _____

Title: _____

REPORT REVIEWED BY IPP COORDINATOR:

Name: _____

Signature: _____

DATE REVIEW COMPLETED: _____