

EJIF Utility Authority Inspection Checklist

Authority Name: _____
 Executive Director: _____
 Primary Contact: _____ Title: _____
 Physical Address: _____
 Mailing Address: _____
 Telephone: _____ Fax: _____
 E-mail address(es): _____

Number of facilities that Authority operates:

Sewage Treatment Plants
 Water Treatment Plants
 Collection/Distr. Systems
 Wells
 Pump Stations
 Recycling Depot
 Other: _____

Has the Authority acquired any additional properties/facilities in the past year? Y N Unknown (Indicate in Notes)
 Is EJIF Poster posted in the facility or in accordance with emergency procedures? Y N

SECTION I - USTs >>	YES	NO	N/A	POINT DEDUCTION
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1. How many active USTs are listed in the database? _____ New? _____ Removed since last inspection? _____				
2. Has the inspector confirmed UST information from the EJIF Municipality database with the Municipal Representative? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is each UST registered with NJDEP? If no, list: _____ (Heating Oil USTs are regulated when a facility's aggregate HO volume exceeds 2,000 gallons.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have all unregulated Heating Oil USTs older than 15 years passed an integrity test within the past year? (If No, -2 points) Date of last test: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Does each facility have a Release Response Plan? (If No, -5 points)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Does each UST facility have a NJDEP licensed A, B, and C Operator? (If No, -10 points)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Are all systems indicated to be functioning properly? (If No, -10 points) <ul style="list-style-type: none"> • Date of last Annual RDM system test (if not tested, -5 points) – Tank(s): _____ Piping: _____ • Date of last Annual Spill Bucket Tightness test (if not tested, -5 points): _____ • Date of last CP test – Tank(s): _____ Piping: _____ 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Are records present for monthly RDM tests? (If No, -2 points)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Is an overfill alarm audible and/or visible from the filling area, or is a flow-restrictor present? (Not applicable for USTs receiving less than 25 gallons per drop) (If No, -2 points)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Are records present for monthly sump, spill bucket, and pre-delivery inspections? (Not applicable for USTs receiving less than 25 gallons per drop) (If No or if a spill bucket is not present, -2 pts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Are all fill ports marked according to API #1637? Unmarked ports: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Has the facility been inspected by the NJDEP/County within the past year? If so, have any deficiencies or Notices of Violations been issued for areas of noncompliance? (If yes, please obtain copy of inspection report.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

SUBTOTAL _____

SECTION II - ASTs ▶▶

YES NO N/A POINT DEDUCTION

1. How many active ASTs are listed in the database? _____ New? _____ Removed since last inspection? _____
2. Has the inspector confirmed AST information from the EJIF Municipality database with the Municipal Representative?
3. Does each tank have secondary containment?
4. Does each tank have external protection?
5. Does the facility regularly inspect the tanks, piping, sumps, hoses, spill buckets, and secondary containment?
6. Are there any leaks, drips, or spills associated with any AST? (-5 points) _____
7. Are there any underground pipes associated with any AST? (If no testing, -5pts) _____
- Date of last RDM test: _____
 - Date of last CP test: _____

SECTION III - SPCC ▶▶

YES NO N/A POINT DEDUCTION

1. Does any facility have a total aboveground oil storage capacity >1,320 gallons?
2. Could local surface waters, wetlands, dry stream beds, or stormwater systems potentially be affected by a spill from oil storage at any of the facilities?

Please list each facility that is subject to SPCC regulations:

FACILITY	TOTAL FACILITY CAPACITY	POTENTIALLY IMPACTED NAVIGABLE WATER(S)	DISTANCE FROM CONDUIT TO NEAREST SOURCE	SPCC PLAN AVAILABLE?	
				Y	N
				Y	N
				Y	N
				Y	N
				Y	N

3. Has an SPCC Plan been implemented for each facility, including: (If no, -5 points)
- a. Secondary containment/Site improvements
 - b. Overfill protection
 - c. Spill protection
 - d. Annual SPCC training
4. Has the Authority had any spill incidents reported to NJDEP in the past year? If so which facility?
5. Does the Authority have arrangements with a Spill Response Contractor?
6. Does the Authority have arrangements with Local Emergency Response?

SECTION IV - DPCC ▶▶

YES NO N/A POINT DEDUCTION

1. Does any facility have a total combined storage capacity (tanks, drums, containers, etc.) of:

YES		FACILITY(S)	DPCC PLAN AVAILABLE?	
<input type="checkbox"/>	20,000 gallons (or ≥167,043 lbs. for solids) of Non-Petroleum Hazardous Substances*, or		Y	N
<input type="checkbox"/>	200,000 gallons of Petroleum and Non-Petroleum Hazardous Substances*?		Y	N

* A Hazardous Substance is defined as all petroleum and petroleum products and all substances listed in NJAC Title 7, Chapter 1E Appendix A.

2. Do all applicable facilities have a DPCC/DCR Plan available on site? (If No, -5 points) _____

SUBTOTAL

SECTION V - NJPDES ▶▶

YES NO N/A POINT DEDUCTION

Point Source

1. Does any facility have any floor drains? (If Yes, -1 point) Where: _____ _____
2. Does any facility have an Oil-Water Separator? Where? _____ _____
3. Are the separators cleaned/maintained on a regular basis?
4. When was the last time they were cleaned/maintained? _____
5. Where does each of the Oil-Water Separator/Floor drains ultimately discharge?

Discharges to:	P.O.T.W. <i>(If discharge not permitted, -5 points)</i>		Stormwater / Surface Water <i>(If discharge not permitted, -15 pts)</i>		Groundwater / Dry Well <i>(If discharge not permitted, -30 pts)</i>		Reservoir w/in O/W Separator		Storage Tank (AST or UST)	
	Oil	Water	Oil	Water	Oil	Water	Oil	Water	Oil	Water
FACILITY										

6. If floor drains discharge to the environment, does this facility have a NJPDES permit?
7. If present, are any of the following unpermitted discharges directed to the environment at any facility?

YES	FACILITIES
<input type="checkbox"/>	Air Compressor Blowdown <i>(If yes, - 2 points)</i>
<input type="checkbox"/>	Boiler Blowdown <i>(If yes, - 2 points)</i>
<input type="checkbox"/>	Non-Contact Cooling Water <i>(If yes, - 2 points)</i>
<input type="checkbox"/>	Cooling Tower Discharge <i>(If yes, - 2 points)</i>

Sewage Treatment Plants	YES	NO	N/A	POINT DEDUCTION
8. Does any sewage treatment plant have a design capacity of one million gallons per day and a stormwater collection system? If so, which one(s)? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are all process waste (sludge, septage, etc.) loading/unloading areas designed to prevent run-off of contaminants from entering a water body or stormwater collection system? <i>(If no, -5 points)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Does all stormwater discharge to the head of the plants? If not, which plants do not? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Do all qualifying facilities have a Basic Industrial or Individual Stormwater Permit? If not, which one(s) do(es) not? <i>(if no, -5 points)</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Do all qualifying facilities have a Stormwater Pollution Prevention Plan? If not, which one(s) do(es) not? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Non-Point Source	YES	NO	N/A	POINT DEDUCTION
13. Are any storm drains located within 25 feet of any petroleum or hazardous substance storage? <i>(-10 points)</i> If so, where? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Does any facility conduct vehicle washing? Which facilities? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Does washwater discharge to the environment? <i>(If Yes, -5 pts)</i> Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Are any dumpsters/roll-offs leaking <i>(-5 pts)</i> or exposed to precipitation? <i>(-2 pts)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SUBTOTAL				

SECTION VI – WATER/WASTEWATER TRANSPORT SYSTEMS ▶▶**YES NO N/A****Sewer Pipe Lines**

1. What is the average age (in years) of the sewer pipeline system? _____

2. Have there been any changes to the sewer pipe lines in the previous year? YES NO N/A

MILES ADDED OR ALTERED	ORIGINAL MATERIAL	NEW MATERIAL

3. What percent of the system is pressurized? _____ %

Pump Stations**YES NO N/A****POINT DEDUCTION**

1. How many wells, pump, and lift stations does this Authority manage? _____

2. How many of these facilities have emergency generators? _____

3. How many of these facilities or wells have above/below ground storage tanks? _____

4. Do you have an emergency response plan detailing the procedures for handling an emergency if any of the sewer lines or lift/pump stations fail? (If No, -5 points) YES NO N/A _____**SECTION VII – RESIDUAL PROCESSING / LAND APPLICATION ▶▶****YES NO N/A**1. Does this utility authority generate sludge or biosolids? YES NO

2. How long is sludge on site before disposal/destruction? _____

3. Is this period based on quantity or residence time? _____

4. Where/how is sludge material stored before disposal/destruction? _____

5. Which sludge disposal method is currently in use at this facility?

 Land application Landfill Off-site disposal Incinerator Surface disposal Other (specify) _____**Please complete the Land Applications Appendix and/or the Residuals Processing Appendix, as appropriate.****SECTION VIII – COMBINED SEWER OVERFLOWS ▶▶****YES NO N/A**

1. Does any facility have any combined sewer overflows? If yes, list the details below: _____

 YES NO**SUBTOTAL** _____

SECTION IX – AIR EMISSIONS »

YES NO N/A

- 1. Is any facility a **Major (Title V) Facility** as per N.J.A.C. 7:27-22? If so, which ones? YES NO N/A
- 2. Are **Anaerobic Digesters** utilized? Please indicate in what way(s) the biogas is burned:
 Flare Boiler Generator CoGen Other: _____
- 3. Has the facility added, removed, or modified any **Emissions Control Equip./Technology**? YES NO

If yes, indicate below:

EQUIPMENT	PERMITTED?			PERMIT #	EXPIRATION DATE
	Y	N	N/A		
	Y	N	N/A		
	Y	N	N/A		
	Y	N	N/A		

- 4. Are there any **Boilers/Heaters** at any facility rated at 1MMBTU/hr or greater? YES NO
- 5. For any **FO boilers**, have the following been done?
 - Initial Notification of Applicability the EPA (due Jan 2014) -----Y N
 - Initial Tune up and Compliance reporting to the EPA (due July 2014) ---Y N
 (Additional compliance requirements may apply depending on the size and age of boilers).
- 6. Are there any **Emergency Generators** at any facility rated at 1MMBTU/hr or greater? YES NO

List each regulated boiler/heater/ generator that is not in the database or does not have a valid air permit if subject to air permitting:

TYPE OF COMBUSTION UNIT (B/H/EG)	FACILITY & LOCATION	MAKE & MODEL	RATING (kW OR BTU/HR)	FUEL TYPE	HAS REQUIRED PERMIT?		PERMIT # & EXPIRATION DATE	IS PERMIT POSTED BY UNIT?	
					Y	N		Y	N
					Y	N		Y	N
					Y	N		Y	N
					Y	N		Y	N
					Y	N		Y	N

- 7. Is the Authority maintaining proper operational records regarding testing and maintenance of emergency generators with a power output of 37kW or greater? YES NO N/A
- 8. Are there any **Gasoline Storage Tanks** containing 2,000 gallons or greater? YES NO

List each regulated gasoline storage tank that is not in the database or does not have a valid air permit if subject to air permitting:

FACILITY & LOCATION	MAKE & MODEL	AST/UST SYSTEM	SIZE (GALLONS)	STAGE II VAPOR RECOVERY PRESENT		PERMIT # & EXPIRATION DATE	STAGE II VAPOR RECOVERY TESTED*?		
				Y	N		Y	N	N/A
				Y	N		Y	N	N/A
				Y	N		Y	N	N/A

*Stage II Vapor Recovery systems require the following tests:

- Annual Static Pressure Performance Test (CARB TP-201.3) _____ Date of Last Test
- Annual Pressure Vacuum Valve Test (CARB TP-201.1E) _____
- Triennial Dynamic Backpressure Performance Test (CARB TP-201.5) _____
- Annual Air to Liquid Volume Ratio, if Vacuum Assist System is present (CARB TP-201.4) _____

- 9. Are there any **Parts Washers** that are subject to air permitting* or operating rules**? YES NO N/A

*An Air Permit is required when the open-top measures more than 6 square feet -OR- the solvent storage capacity is more than 100 gallons

**Operating Rules apply when the Cold-Solvent Parts Cleaner stores 2 gallons or more of solvent

SECTION X – MAINTENANCE ▶▶		YES	NO	N/A	POINT DEDUCTION
1.	Is salt stored in a permanent structure that is walled and roofed with an impermeable floor, or a steel-framed fabric structure with a door? <i>(If No, -5 points)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.	Any derelict/abandoned vehicles? <i>If less than 5 vehicles, -2 points; If 5 or more vehicles, -5 points</i>	<input type="checkbox"/>	<input type="checkbox"/>		_____
3.	Evidence of vehicle fluid leakage outside <i>(If Yes, -5 points)</i> Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

SECTION XI – WASTE MANAGEMENT ▶▶		INSIDE/ COVERED	OUTSIDE	NO	POINT DEDUCTION
1.	Waste Paint & Finishes <i>(If stored incorrectly, -2 points)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.	Used Tires <i>(If stored incorrectly, -2 points)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.	Contaminated Absorbent <i>(If stored incorrectly, -2 points)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.	Universal Wastes:				
	a. Pesticides <i>(If stored incorrectly, -2 points)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	b. Used Lead Acid Batteries <i>(If stored incorrectly / evidence of staining, -2 pts)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	c. Waste Lamps (Fluorescents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	d. Computers & Electronics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

SECTION XII – CONTAINER MANAGEMENT ▶▶		YES	NO	N/A	POINT DEDUCTION
1.	Are stored compressed gas cylinders on cart or secured, capped, and separated properly? <i>(If No, -3 pts)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.	Any Drum Storage? How many? _____ Size? _____ Locations? _____	<input type="checkbox"/>	<input type="checkbox"/>		_____
3.	Evidence of fluid leakage from drums? <i>(If yes, -5 points)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.	Any unlabeled drums or drums w/unknown contents? <i>1-5 drums (-5 pts) 6-10 drums (-10 pts) 11 or more (-15 pts)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5.	Is there any storage of petroleum or hazardous chemicals near floor drains that discharge to the environment:				
	a. 5 feet of a floor drain <i>(-10 points)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	b. 10 feet of a floor drain <i>(-2 points)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.	Is outside drum storage properly managed? <i>(If no, -5 points)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7.	Is a spill kit available to all potential spill sources, including:				
	a. Aboveground storage tanks and fueling areas <i>(If No, -2 points)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	b. Drums and maintenance areas <i>(If No, -2 points)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	c. On vehicles with hydraulic lines <i>(recommended)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

SECTION XIII – RECYCLING/COMPOSTING ▶▶		YES	NO	N/A	POINT DEDUCTION
1.	Are all recycling containers properly managed (i.e., source separated, labeled, covered)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.	Does this authority have a composting or transfer operation?	<input type="checkbox"/>	<input type="checkbox"/>		_____
3.	Does this authority have an Exemption or General Approval issued by the NJDEP to operate the facility? Permit # _____ Exp: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

If the authority has a composting operation, complete the pertinent section of the Composting Appendix.

SUBTOTAL _____

INSPECTION SUMMARY

Subtotal Page 1	=	_____		100	
Subtotal Page 2	=	_____			
Subtotal Page 3	=	_____	FINAL SCORE		
Subtotal Page 4	=	_____			
Subtotal Page 6	=	_____			- _____ (Total Point Deduction)

Please note this checklist is intended to be a summary of targeted environmental concerns. It does not include all potentially applicable USEPA or NJDEP requirements. If you have questions related to compliance with environmental regulations, please contact FE.

Inspector Name	Date of Inspection
Utility Authority Representative Name (Print)	Title
Utility Authority Representative Signature	Date

NOTES
