

EJIF Municipal Inspection Checklist

Municipality Name: _____

Administrator/Clerk: _____

Primary DPW Contact: _____ **Title:** _____

DPW Physical Address: _____

DPW Mailing Address: _____

Telephone: _____ **Fax:** _____

E-mail address(es): _____

Number of facilities that Municipality operates:

_____ DPW/ Maintenance Garage	_____ Recycling Depot	_____ Shooting Range
_____ Sewage Treatment Plants	_____ Water Treatment Plants	_____ Collection/Distribution Systems
_____ Wells/Pump/Lift Stations	_____ Marinas	_____ Other: _____

Has the Municipality acquired any additional properties/facilities in the past year? ___Y ___N ___Unknown (Indicate in Notes)

Is EJIF Poster posted in DPW or in accordance with emergency procedures? ___Y ___N

SECTION I – USTs

	YES	NO	N/A	POINT DEDUCTION
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: _____ <small>(Heating Oil USTs are regulated when a facility's aggregate HO volume exceeds 2,000 gallons.)</small>	<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? <i>(If No, -2 points)</i> Date of last test: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Does each facility have a Release Response Plan? <i>(If No, -5 points)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Are all systems indicated to be functioning properly? <i>(If No, -10 points)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Date of last RDM test – Tank(s): _____ Piping: _____ <small>(Not applicable for USTs that only supply emergency generators)</small>				
• Date of last CP test – Tank(s): _____ Piping: _____				
7. Are records present for monthly RDM tests? <i>(If No, -2 points)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Is an overflow alarm audible and/or visible from the filling area, or is a flow-restrictor present? <small>(Not applicable for USTs receiving less than 25 gallons per drop) <i>(If No, -2 points)</i></small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Are records present for monthly sump, spill bucket and pre-delivery inspections? <small>(Not applicable for USTs receiving less than 25 gallons per drop) <i>(If No or if a spill bucket is not present, -2 pts)</i></small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Are all fill ports marked according to API #1637? Unmarked ports: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Has the facility been inspected by the NJDEP/County within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
If so, have any deficiencies or Notices of Violations been issued for areas of noncompliance? <small>(If yes, please obtain copy of inspection report.)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

SUBTOTAL _____

SECTION II – ASTs

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

SECTION III – SPCC

- | | | |
|---|--------------------------|--------------------------|
| | YES | No |
| 1. Does any facility have a total above ground oil storage capacity > 1,320 gallons? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Could local surface waters, wetlands, dry stream beds, or storm water systems potentially be affected by a spill from oil storage at that/those facility(ies)? | <input type="checkbox"/> | <input type="checkbox"/> |
- If the answers were "YES" in No.1 and No. 2, this facility is subject to SPCC regulation.*

Please list each facility subject to SPCC:

Facility	Total Facility Capacity	Potentially Impacted Navigable Waters	Distance from Conduit to Nearest Source	SPCC Plan Available?	
				Y	N
				Y	N
				Y	N
				Y	N

- | | | | | |
|--|--------------------------|--------------------------|------------|------------------------|
| | YES | NO | N/A | POINT DEDUCTION |
| 3. Has an SPCC Plan been implemented for each facility, including: (If no, -5 pts) | | | | |
| a. Secondary containment/Site improvements | <input type="checkbox"/> | <input type="checkbox"/> | | _____ |
| b. Overfill protection? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| c. Spill protection? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| d. Annual SPCC training? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4. Has this facility had any spill incidents reported to NJDEP in the past year? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Does the municipality have arrangements with a Spill Response Contractor? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Does the municipality have arrangements with Local Emergency Response? | <input type="checkbox"/> | <input type="checkbox"/> | | |

SECTION IV – 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? (If no, -5 pts) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Any derelict/abandoned vehicles? | <input type="checkbox"/> | <input type="checkbox"/> | | _____ |
| <i>If less than 5 vehicles, -2 points</i> | | | | |
| <i>If 5 or more vehicles, -5 points</i> | | | | |
| 3. Evidence of vehicle fluid leakage outside? (If yes, -5 points) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
- Explain: _____

SUBTOTAL _____

SECTION V – NJPDES

A. POINT SOURCE

- | | YES | NO | N/A | |
|--|--------------------------|--------------------------|--------------------------|-------|
| 1. Does this facility have any functioning floor drains? <i>(If Yes, -1 point)</i> | <input type="checkbox"/> | <input type="checkbox"/> | | _____ |
| 2. Does this facility have an Oil-Water Separator? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3. Is the separator cleaned/maintained on a regular basis? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. When was the last time it was cleaned/maintained? _____ | | | | |
| 5. Where does the Oil-Water Separator/Floor drains ultimately discharge? | | | | |

Check all that Apply

- | | WATER | OIL | N/A | |
|---|--------------------------|--------------------------|--------------------------|-------|
| <input type="checkbox"/> Discharge to POTW <i>(If discharge not permitted, -5 points)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Discharge to Storm / Surface Water <i>(If discharge not permitted, -15 points)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Discharge to Groundwater / Dry Well <i>(If discharge not permitted, -30 pts)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Oil Water Separator (Oil reservoir within unit) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Storage Tank (AST or UST) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

- | | YES | NO | N/A | |
|---|--------------------------|--------------------------|-----|-------|
| 6. Is there any history of septic system use at this facility?
If so, when? _____ | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7. If present, are any of the following unpermitted discharges directed to the environment? | | | | |
| <input type="checkbox"/> Air Compressor Blowdown <i>(If yes, - 2 points)</i> | <input type="checkbox"/> | <input type="checkbox"/> | | _____ |
| <input type="checkbox"/> Boiler Blowdown <i>(If yes, - 2 points)</i> | <input type="checkbox"/> | <input type="checkbox"/> | | _____ |
| <input type="checkbox"/> Non-Contact Cooling Water <i>(If yes, - 2 points)</i> | <input type="checkbox"/> | <input type="checkbox"/> | | _____ |
| <input type="checkbox"/> Cooling Tower Discharge <i>(If yes, - 2 points)</i> | <input type="checkbox"/> | <input type="checkbox"/> | | _____ |

B. NON-POINT SOURCE

- | | YES | NO | N/A | |
|---|--------------------------|--------------------------|--------------------------|-------|
| 8. Does this facility have any storm drains?
<i>(If storm drains are located within 25 ft of any petroleum or hazardous chemical storage, -10 pts)</i> | <input type="checkbox"/> | <input type="checkbox"/> | | _____ |
| 9. Do vehicle washwaters from this facility discharge to the environment?
<i>(If Yes, -5 points) Describe: _____</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 10. 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"/> | _____ |
| 11. Does the facility annually update its Stormwater Pollution Prevention Plan? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. Is the facility implementing each of the SPPP-required SOPs: | | | | |
| a. Fueling Operations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. Vehicle Maintenance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Good Housekeeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

SUBTOTAL _____

SECTION VI – ROAD WASTE

	YES	NO	POINT DEDUCTION
1. Does this facility generate road waste from street sweeping, or storm water/sanitary system maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is the material sampled and classified prior to re-use or disposal?	<input type="checkbox"/>	<input type="checkbox"/>	
3. How is the material stored prior to disposal? <i>(check all that apply)</i>	<input type="checkbox"/> Covered	<input type="checkbox"/> Uncovered	
<input type="checkbox"/> Impervious Ground <input type="checkbox"/> Pervious Ground <input type="checkbox"/> Roll-Off Container/Dumpster			
4. How much road waste material is generated on a monthly basis? _____ cubic yards / tons			
5. How does the municipality dispose of the road waste:			
<input type="checkbox"/> Landfill <input type="checkbox"/> Re-use (describe: _____)			
<input type="checkbox"/> Outside Contractor <input type="checkbox"/> Other (describe: _____)			
6. How does the municipality dispose of liquid waste generated from road-waste & storm water inlet cleaning operations?			
<input type="checkbox"/> Discharged to stormwater system <i>(-3pts)</i>	<input type="checkbox"/> Discharged to POTW		
<input type="checkbox"/> Discharged to soil/groundwater <i>(-3pts)</i>	<input type="checkbox"/> Contained on drying pad		
	<input type="checkbox"/> Disposed off-site		

SECTION VII – 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				
Pesticides <i>(If stored incorrectly, -2 points)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Used Lead Acid Batteries <i>(If stored incorrectly / evidence of staining, -2 pts)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waste Lamps (Fluorescents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Computers and Electronics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION VIII – 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"/>	
1. Any Drum Storage? How many? _____ Size? _____ Drum locations? _____	<input type="checkbox"/>	<input type="checkbox"/>		
2. Evidence of fluid leakage from drums? <i>(If yes, -5 points)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Any unlabeled drums or drums w/unknown contents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-5 drums <i>(-5 pts)</i> 6-10 drums <i>(-10 pts)</i> 11 or more <i>(-15 pts)</i>				
4. Are there any unprotected storage of petroleum or hazardous chemicals within:				
5 feet of a floor drain <i>(-10 points)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10 feet of a floor drain <i>(-2 points)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is outside drum storage properly managed? <i>(If no, -5 points)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. 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"/>	

SUBTOTAL _____

SECTION IX – AIR EMISSIONS

1. Are there any **boilers/heaters** within the municipality rated at 1,000,000 BTU/hr or greater? YES NO
2. For any **FO boilers**, have the following been done? YES NO
- Initial Notification of Applicability the EPA (due Jan 2014)
 - Initial Tune up and Compliance reporting to the EPA (due July 2014)

(Additional compliance requirements may apply depending on the size and age of boilers).

3. Are there any **emergency generators** rated at 1,000,000 BTU/hr or greater?

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

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
					Y	N		Y	N

4. Is the municipality maintaining proper operational records regarding during testing and maintenance of emergency generators with a power output of 37kW or greater? YES NO N/A
5. Are there any **gasoline storage tanks** containing 2,000 gallons or greater?

List each regulated gasoline tank that is not in the database or does not have a valid air permit:

FACILITY/LOCATION	MAKE & MODEL	AST OR 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
				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) _____

6. Are there any **parts washers** that are subject to air permitting* or operating rules**?

*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 – WATER AND SEWER

- | | Yes | No | LOCATION | POINT DEDUCTION |
|--|--------------------------|--------------------------|----------|-----------------|
| 1. Is this municipality responsible for their own: | | | | |
| Water Department? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | |
| Water Treatment Plant? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | |
| Sewer Department? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | |
| Wastewater Treatment Plant? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | |
| 2. How many miles of wastewater pipeline does the municipality own/operate? _____ | | | | |
| 3. What is the approximate age of the oldest section? _____ | | | | |
| 4. What percentage of the system is pressurized? _____ | | | | |
| 5. How many wells, pump or lift stations does this municipality own/operate? _____ | | | | |
| 6. How many of these facilities have emergency generators? _____ | | | | |
| 7. How many of these facilities have ASTs or USTs? _____ | | | | |
| 8. Do you have an emergency response plan detailing the procedures for handling an emergency if any of the lift/pump stations fail? (If No, -5 points) <input type="checkbox"/> <input type="checkbox"/> | | | | _____ |

SECTION XI – RECYCLING

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Does the municipality own or operate a Recycling Depot? <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, please indicate address: _____ | | |
| 2. Indicate which of the following materials are accepted at this depot: | | |
| <input type="checkbox"/> Plastic Containers | | |
| <input type="checkbox"/> Steel Containers | | |
| <input type="checkbox"/> Aluminum Cans | | |
| <input type="checkbox"/> Other Aluminum Scrap | | |
| <input type="checkbox"/> Glass Containers | | |
| <input type="checkbox"/> Other Glass | | |
| <input type="checkbox"/> Metal Scrap | | |
| <input type="checkbox"/> Appliances (White Goods) | | |
| <input type="checkbox"/> Electronic Components | | |
| <input type="checkbox"/> Tires | | |
| <input type="checkbox"/> Used Oil | | |
| <input type="checkbox"/> Used Antifreeze | | |
| <input type="checkbox"/> Paper, Mail, Magazines, Cardboard, Newspaper | | |
| <input type="checkbox"/> Other (please list): _____ | | |
| <input type="checkbox"/> Leaves and Brush | | |
| <input type="checkbox"/> Grass Clippings | | |
| <input type="checkbox"/> Propane Canisters | | |
| <input type="checkbox"/> Clothing/Textiles | | |
| <input type="checkbox"/> Household Batteries | | |

- | | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 3. Is the Recycling Depot approved for coverage on the database report? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>(Please review with the municipal representative)</i> | | | |
| Please check all of the following deficiencies that apply to the Recycling Depot: | | | |

1.	Improper acceptance or management of tires, contrary to the requirements of N.J.A.C. 7:26A-1.4(a)5;
2.	Improper acceptance or management of Class B recyclable materials, contrary to the requirements of N.J.A.C. 7:26A-1.4(a)8;
3.	Waste oil collection and storage procedures insufficient to reduce the potential of environmental contamination resulting from spillage;
4.	Acceptance of hazardous wastes at the recycling center, contrary to the requirements of N.J.A.C. 7:26A-4.1(a)5;
5.	Improper acceptance or management of tree branches, tree limbs, and brush, contrary to the requirements of N.J.A.C. 7:26A-1.4 (a)3;
6.	Lead acid battery storage procedures insufficient to reduce the potential of environmental contamination due to battery leakage;
7.	Discarded appliance handling procedures insufficient to reduce the potential of environmental contamination due to the release of chlorofluorocarbon (CFC) based refrigerants;
8.	Insufficient site access controls or site supervision to prevent the drop-off of hazardous or otherwise prohibited waste materials at the recycling center.

- | | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 4. If a deficiency exists in items 1, 3, 4 or 6 above, does the inspector recommend continued coverage for this facility? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does this municipality have a composting or transfer operation? <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| If yes, please indicate address _____ | | | |
| 6. If yes, does this municipality 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SUBTOTAL _____

INSPECTION SUMMARY

Subtotal page 1 = _____

Subtotal page 2 = _____

100

Subtotal page 3 = _____

-- _____ (Total Point Deduction)

Subtotal page 4 = _____

Subtotal page 6 = _____

FINAL SCORE:

Total Point Deduction = _____

EJIF INSPECTOR: _____

DATE OF INSPECTION: _____

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.

MUNICIPAL REPRESENTATIVE NAME (PRINT): _____

TITLE: _____

SIGNATURE: _____

DATE: _____

INSPECTOR NOTES:
