

**CITY OF CARROLLTON  
ENVIRONMENTAL SERVICES DEPARTMENT  
PRETREATMENT INSPECTION**

\_\_\_\_\_ Date \_\_\_\_\_ Time in - Time out \_\_\_\_\_

City Representatives: \_\_\_\_\_

Facility Representatives: \_\_\_\_\_

**SECTION A – GENERAL INFORMATION**

1. Industry Name: \_\_\_\_\_
2. Permit Number: \_\_\_\_\_
3. Industry Address: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_
5. Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
6. Industry Contact: \_\_\_\_\_
7. Title: \_\_\_\_\_ E-mail: \_\_\_\_\_
8. Authorized Signatory: \_\_\_\_\_
9. Title: \_\_\_\_\_ E-mail: \_\_\_\_\_
10. Date operations or service started at this facility: \_\_\_\_\_

**SECTION B – PRODUCTS OR SERVICE INFORMATION**

1. Principal products or service, include SIC or NAICS codes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Brief description of manufacturing or service activity, include a simplified flow chart:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION C – OPERATIONAL CHARACTERISTICS**

1. Pretreatment classification:  

_____ Categorical Significant Industrial User	_____ Monitored Industrial User
_____ Non-categorical Significant Industrial User	_____ Zero Discharger

2.

Shift Hours	1 <sup>st</sup> Shift: _____ to _____	2 <sup>nd</sup> shift: _____ to _____	3 <sup>rd</sup> shift: _____ to _____
No. of Employees			

3. Total number of employees: \_\_\_\_\_

4. Is there seasonal variation in production? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, what are the peak production months: \_\_\_\_\_

**SECTION D – WATER CONSUMPTION**

1. Type of water service:  
\_\_\_\_\_ municipal water service daily average \_\_\_\_\_  
\_\_\_\_\_ private well, if any daily average \_\_\_\_\_

2. Is any raw water treatment process utilized? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, what type?  ion exchange  softener  
 reverse osmosis  other \_\_\_\_\_

What is done to the “reject,” if any?  
\_\_\_\_\_  
\_\_\_\_\_

3. Is any water recycling process utilized? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, what type?  cooling  heating  
 rinse  other \_\_\_\_\_

Describe: \_\_\_\_\_

4. Types of equipment that use water:  
 boiler  mixing vats/tanks  vehicle wash  
 autoclave  degreaser  photo processing  
 once through cooling  fire protection system  cooling tower  
 scrubbers  others \_\_\_\_\_

5. Has the city done a backflow inspection in this facility ? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Please be ready to show inspector the most recent backflow inspection:  
Comments: \_\_\_\_\_  
\_\_\_\_\_

**SECTION E – WASTEWATER**

1. Are there any discharges of wastewater other than sanitary sewage to the sewer line?  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, nature of discharge: \_\_\_\_\_

2. Type and quantity (gpd) of wastewater discharged:  
**(Please use data from the last 12 months.)**

<u>Process Water</u>	<u>Nonprocess Water</u>	<u>Domestic</u>
_____ continuous	_____ boiler blowdown	_____ sanitary
_____ batch	_____ cooling water release	_____ cafeteria
	_____ plant/equipment washdown	
	_____ other _____	

3. Process discharges:  
a. \_\_\_\_\_ continuous Average discharge per day: \_\_\_\_\_ (gpd)

What are the hours of process discharge:

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ Sa \_\_\_\_\_ Su \_\_\_\_\_

(Note: The above question is very important for sampling purposes)

b. \_\_\_\_\_ batch Number of batch discharges per day: \_\_\_\_\_  
Average batch discharge: \_\_\_\_\_ (gpd)

What are the hours of batch discharge:

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ Sa \_\_\_\_\_ Su \_\_\_\_\_

4. Estimated daily flow: nondomestic \_\_\_\_\_ domestic \_\_\_\_\_  
(nondomestic = process + nonprocess totals from number 2 above)

5. Is any wastewater treatment being used? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes,

a. What is it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Describe the design capacity and physical size of each treatment facility \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Is there a treatment operator? \_\_\_\_\_ Yes \_\_\_\_\_ No

d. Is there a manual on the correct operation of the treatment equipment readily available on-site?  
Be ready to show it to the inspector. \_\_\_\_\_ Yes \_\_\_\_\_ No

e. Are there established training procedures for the correct operation of the treatment equipment?  
Be ready to show them to the inspector. \_\_\_\_\_ Yes \_\_\_\_\_ No  
Is the operator's training documented? \_\_\_\_\_ Yes \_\_\_\_\_ No

f. Is there a written maintenance schedule for the treatment equipment? Be ready to show it to the  
inspector. \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, is it current? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Is protection from spills in place? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

7. Are any floor drains present? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, describe the locations: \_\_\_\_\_  
\_\_\_\_\_

If yes, to where do they discharge? \_\_\_\_\_ Sanitary sewer \_\_\_\_\_ Storm sewer  
Other \_\_\_\_\_

8. Have there been any operational problems or upsets within the past year? \_\_\_\_ Yes \_\_\_\_ No  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

9. Have there been any changes in the treatment or disposal methods in the past year, or are any planned? \_\_\_\_ Yes \_\_\_\_ No  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

10. Is there a grease/grit trap in place? \_\_\_\_ Yes \_\_\_\_ No  
If yes, disposal company: \_\_\_\_\_ License No. \_\_\_\_\_  
Frequency of hauling: \_\_\_\_\_ Are trip tickets on file? \_\_\_\_ Yes \_\_\_\_ No  
Be ready to show 3 years file of trip tickets.

11. Is there a waste or off-spec tank in place? \_\_\_\_ Yes \_\_\_\_ No

**SECTION F – CHEMICAL STORAGE**

1. Are raw materials or chemicals stored:  
Interior of the facility buildings \_\_\_\_ Yes \_\_\_\_ No  
Exterior of the facility buildings \_\_\_\_ Yes \_\_\_\_ No  
2. If you do any Tier II reporting, please answer this question:  
Bulk raw material or chemical storage:

Name	Max. Amount On-Site	Hazard Classification	Spill Protection
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Are priority pollutants located on site? \_\_\_\_ Yes \_\_\_\_ No

If yes, check Appendix I, taken from the permittee’s application and compare for correctness. Make additions and/or deletions as necessary.

**SECTION G – HAZARDOUS MATERIALS HANDLING**

1. Hazardous waste generator classification:  
\_\_\_\_ VSQG      \_\_\_\_ SQG      \_\_\_\_ LQG  
\_\_\_\_ TCEQ registration number  
\_\_\_\_ USEPA registration number

2. Other environmental permits:  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION H – DISPOSAL PRACTICES**

- Sludge and spent chemical disposal procedures:  
 List each type of active waste, particularly hazardous and class 1 waste  
 Be ready to show your NOR, waste summary, and manifests to the inspector.

Waste ID No.	Description	Transporter/Permit	Disposal/Permit

- Describe any changes in the treatment or disposal methods that are planned or have occurred since the last inspection:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION I - POLLUTION PREVENTION**

- Have any steps been taken since the facility's last inspection toward source reduction/waste minimization?  Yes  No  
 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_
- Are any source reduction/waste minimization practices in place now?  Yes  No  
 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_
- Is there a facility-wide recycling program?  Yes  No  
 If yes, what types? \_\_\_\_\_  
 \_\_\_\_\_
- Have employees been trained in waste minimization and/or recycling?  Yes  No

**SECTION J- SELF MONITORING**

- Self monitoring:  
 Frequency: \_\_\_\_\_  
 Correct frequency  Yes  No  
 Parameters: \_\_\_\_\_  
 Correct parameters sampled  Yes  No  
 Correct sampling procedures  Yes  No

2. Sample point:  
Properly maintained \_\_\_\_\_ Yes \_\_\_\_\_ No  
Dilution present \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, sources \_\_\_\_\_  
\_\_\_\_\_
3. Chain of custody for each sample taken \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Laboratory:  
Name of laboratory used: \_\_\_\_\_  
Are analyses by EPA methodologies? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Is industry currently in compliance (If no, see comments) \_\_\_\_\_ Yes \_\_\_\_\_ No

**SECTION K – CITY MONITORING**

1. City monitoring:  
Correct frequency \_\_\_\_\_ Yes \_\_\_\_\_ No  
Correct parameters \_\_\_\_\_ Yes \_\_\_\_\_ No  
Correct sampling procedures \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Chain of custody for each sample taken \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Laboratory:  
Name of laboratory used: \_\_\_\_\_  
Are analyses by EPA methodologies? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Is industry currently in compliance (If no, see comments) \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Inspections performed during reporting year:  
When: \_\_\_\_\_

**SECTION L - STORM WATER POLLUTION PREVENTION PLAN**

1. Is there a stormwater NPDES permit? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, permitting authority: \_\_\_\_\_ Permit no. \_\_\_\_\_  
  
Or, has the facility obtained a no exposure certification? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Be ready to show the inspector.
2. Is there an existing stormwater pollution prevention plan? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, is it current? (trainings, audits, etc.) \_\_\_\_\_  
\_\_\_\_\_  
Be ready to show your SWPPP, inspections, samplings, training, audits done.
3. Are there existing or possible contamination sources of storm water run-offs? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

**SECTION M - SLUG CONTROL PLAN**

1. Is there an existing slug control plan? Has it been approved by the city within the last two years? If yes, is it current? (trainings, audits, etc.) \_\_\_\_\_

\_\_\_\_\_

If no, is one needed? Explain. \_\_\_\_\_

\_\_\_\_\_

**SECTION N – SUMMARY**

- |   |                   |          |
|---|-------------------|----------|
| 1. Permit on file                                 | _____Yes          | _____No  |
| 2. Permit application on file                     | _____Yes          | _____No  |
| 3. Safety data sheets on file                     | _____Yes          | _____No  |
| 4. Is there a current TOMP <u>in effect</u>       | _____Yes          | _____No  |
| 5. Is there a current spill plan <u>in effect</u> | _____Yes          | _____No  |
| 6. Are city emergency numbers available           | _____Yes          | _____No  |
| 7. Follow-up:                                     |                   |          |
|   | _____None         | _____NOV |
|   | _____Other: _____ |          |

**SECTION L – COMMENTS**

\_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_

Please provide a schematic flow diagram for water usage and waste water stream. Include the sampling point location in the diagram and use the volumes noted in Sections D & E.

**SCHEMATIC FLOW DIAGRAM FOR WATER**

Inspection by: \_\_\_\_\_  
Print Name / Signature

Date: \_\_\_\_\_

I, the undersigned, participated in the inspection conducted by City of Carrollton industrial pretreatment staff and have been provided the opportunity to obtain a copy of the inspection report.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title