



Jim Nash

CLINTON RIVER WATER RESOURCE RECOVERY FACILITY (CRWRRF)
INDUSTRIAL PRETREATMENT PROGRAM (IPP) PRE-INSPECTION FORM

IPP Pre-Inspection Completed by:		Date:	
IPP Pre-Inspection Reviewed by:		Date:	
<p>INSTRUCTIONS: This form is intended to serve as a summary of your IPP program information. This information should be obtained from approved personal and your IPP permit. The information contained should be updated, as appropriate, in response to approved modifications and revised IPP permit requirements.</p>			
A. Operating Authority (OA)			
1. OA Name:			
2. SIU Permit Number:		3. Expiration Date:	
4. Mailing Address:			
5. IPP Contact Person:			
a. Phone:		b. Cell:	
c. Email:		d. Fax:	
6. Title of IPP Contact Person:			
7. Has question 5 or 6 changed since last inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No			
B. Site Information			
8. Site Name:			
9. Physical Address:			
10. Number of Outfall locations:			
11. Description of Pretreatment Process if any:			
C. Data Management			
12. Are File/Records: <input type="checkbox"/> Hard Copy <input type="checkbox"/> Digital <input type="checkbox"/> Both <input type="checkbox"/> Retained >3 years			
13. Location of IPP Records:			



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D. General Industrial User Information						
14. Nature of the business/processes:						
15. Number of Employees:				16. Number of Shifts:		
17. Schedule of Operation:						
a. Check all hours you are open:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11
	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
Or 24 hours: <input type="checkbox"/>	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 21	<input type="checkbox"/> 22	<input type="checkbox"/> 23
b. Days of the Week: <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa or <input type="checkbox"/> ALL						
c. Months of the Year						
	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
Or <input type="checkbox"/> All months	<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
18. Standard Industrial Classification (SIC) code(s):						
19. Is the Industrial User Subject to any of the following?						
a. Combined Waste Stream Formula:				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Production-Based Categorical Standards:				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Total Toxic Organic (TTO) Limits:				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Solvent Management Plans:				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
20. Waste Water Discharge to CRWRRF			Flow Rate			
			Average		Maximum	
a. Process (GPD):						
b. Sanitary (GPD):						
c. Non-Contact Cooling Water (GPD):						
d. Boiler Blowdown (GPD):						
e. Other:						
f. Other:						
21. How is Flow measured?:						
22. Water Supply:			<input type="checkbox"/> Municipal	<input type="checkbox"/> Well	<input type="checkbox"/> Other	
E. Wastewater Treatment						
23. Is there a Pretreatment Facility:			<input type="checkbox"/> Yes		<input type="checkbox"/> No	
a. Brief Description of Pretreatment facilities:						

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b. Brief Description of Pretreatment Methods:			
c. Describe the characteristics of the Wastewater prior to treatment:			
d. Design Flow for treatment system (GPD):			
e. Current Flow in treatment system (GPD):			
f. Are all treatment Units, other than backups, in service:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
g. Is there a full-time operator:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Are there off-the-shelf replacement parts available for critical components (e.g. pumps):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are treatment chemicals for use in the wastewater treatment system readily available (e.g. lime, chlorine, caustic soda):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Is there an O&M manual:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
k. Is there potential for bypasses:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
l. Is there sludge generated due to treatment of wastewater:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
m. Waste characteristics of sludge:			
n. Disposal method of sludge:			
F. Storage Areas			
24. Are there Chemicals stored on site:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
25. Description of chemical storage area(s):			
26. Are there floor drains in the chemical storage area:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a. If yes, where do they discharge:	<input type="checkbox"/> Storm	<input type="checkbox"/> Sanitary	<input type="checkbox"/> Other
27. Description of waste storage area(s):			
28. Are there floor drains in the waste storage area:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a. If yes, where do they discharge:	<input type="checkbox"/> Storm	<input type="checkbox"/> Sanitary	<input type="checkbox"/> Other

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29. Description of Production Area(s):			
30. Are there floor drains in the production area:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If yes, where do they discharge:		<input type="checkbox"/> Storm	<input type="checkbox"/> Sanitary <input type="checkbox"/> Other
G. Slug Discharge Plans			
31. Does the Industry have a Slug Discharge Plan:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Has the Slug Discharge Plan been submitted to CRWRRF:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Does the Slug Discharge Plan include the minimum elements required in <i>40 CFR 403.8(f)(2)(v)</i> :		<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Does the Plan include notification to CRWRRF:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Has the Industrial User been responsible for any Slug Discharges or Spills since the last inspection date:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, when and describe:			
36. What was the last date that Slug Discharge Plan was updated:			
H. Additional Information			
Any additional information the industry wishes to acknowledge:			
Digital Signature:			