POTW PRETREATMENT PROGRAM FIELD AUDIT CHECKLIST

Audit Date	POTW Name
March 30, 2015	**New Kensington Municipal Sanitary Authority # PA0027411**

Contact Name	Title	Telephone
Joseph Ditty	Pretreatment Coordinator	(724) 335-9607
Address	120 Logans Ferry Road New Kensington, PA 15068-2046	

	Yes	No
Should this be the person on the mailing list?	X	

If no, complete the following for the person to be on the mailing list:

Name	Title	Telephone
Address		

Participants				
	Name	Title	Organization	Telephone
1	**Curt Carion**	**Chief Operator**	**Washington WWTF**	**(724) 335- 9813**
2	**Jim Kline**	**Inspector**	**EPA-OECEJ**	**(304) 234-0263**

A. Background – Completed with Mr. Ditty and Mr Carion's input				
1	As required by the approved program, list frequency for:	CIU	SNIU	
	POTW sampling of IUs	Semi ann	Semi ann	
	POTW inspection of IUs	annual	annual	
	IU self-monitoring	qtr	qtr	
	IU reporting	qtr	qtr	
2	In the last year, indicate frequency of:	CIU	SNIU	
	POTW sampling of IUs	twice		
	POTW inspection of IUs	annual		
	If less than required by the approved program or less than 1/yr (403.8(f)(2)(v)), explain	none		
3	List all SIUs that were found to have been not sampled or not inspected at the last PCI or annual report			
	Name of IU	NS/NI/B	Reason	
	NONE			
4	Does the annual report indicate any new CIUs?	Yes	No	
			X	

B. POTW Sampling and Inspection				
1	List the SIUs that were either not sampled or not inspected in the last 12 months (403.8(f)(2)(v)):			
	Name of IU	NS/NI/B	Date planned/completed	
	NONE			
2	Are pH, oil & grease, cyanide, volatile organics, total phenol, and sulfide collected by grab sample?	Yes	No	NA
		X	Do not sample red Not in process	
	If so, how many grab samples are used?	1 grab		
3	Are composite samples used for all other pollutants to evaluate compliance with: 1 Composites	Yes	No	NA
	Categorical standards?	X		
	Local limits?	X		
	Is any unannounced sampling conducted?	X		
4	Is POTW prepared to take samples on short notice (i.e., vehicles, personnel, preservatives, etc. available)?	X		
5	How much time normally elapses between sample collection and obtaining analytical results?		2-3 weeks	

6	Does POTW use QA/QC procedures such as:	Yes	No	NA
	Use of calibration and maintenance plan for sampling equipment?	X		
	Training for sampler?	X		
	Split samples (field)?	X		
	Training for analyst?	X		
	Duplicate samples (laboratory)?	occassional		
	Method blanks (laboratory)?	occassional		
	Spiked samples (laboratory)?	occassional		

C. IU Self-Monitoring and Reporting

1	As currently conducted, list frequency for:	CIU	SNIU	
	IU self-monitoring	bimonthly	qtr	
	IU reporting	bimonthly	qtr	
	If less than required by the approved program, explain	N/A		
2	If IUs sample more frequently than required, do they report all sampling results to the POTW (403.12(g)(5))?	Yes	No	NA
		X		
3	List all new source IUs	None		
	Have the following been received by all IUs which became new sources in the last 12 months (403.12))?	# received	# required	
	Baseline Monitoring Reports		none	
	Compliance Schedule Milestone Reports		none	
	90-day Final Compliance Reports		none	
	How does POTW verify the information in these reports?	3rd party lab samples and inspections		
4	Do any IUs discharge hazardous waste?	Yes	No	
			X	
	If no, how does POTW verify this?	**The POTW conducts visual inspections and reviews all applicant information on file**		
	If yes, has the IU submitted the proper notifications (403.12(p))?	Yes	No	NA
				X
5	Has the POTW evaluated each SIU to determine whether a plan or other action is required to control Slug Discharges (403.8(f)(2)(vi)?	Yes	No	NA
		X		
6	Has the POTW evaluated each SIU to determine whether a plan or other action is required to control Slug Discharges (403.8(f)(2)(vi)?	Yes	No	NA
		X		

INDUSTRIAL USER FILE EVALUATION			
IU Name	1. Keystone Rustproofing Inc.		
Category	(See attachment #4)	PWF	
Reg. Params.			
Address			
Comments			
IU Name	2. Farmland Foods		
Category	(See attachment #4)	PWF	
Reg. Params.			
Address			
Comments			
IU Name	3. Schreiber Industrial Development Company		
Category	(See attachment #4)	PWF	
Reg. Params.			
Address			
Comments			
IU Name	4. Alle-Kiski Medical Center		
Category	(See attachment #4)	PWF	
Reg. Params.			
Address			
Comments			

INDUSTRIAL USER FILE EVALUATION			
IU Name	5. Unifirst Corporation		
Category	(See attachment #4)	PWF	
Reg. Params.			
Address			
Comments			
IU Name	N/A		
Category		PWF	
Reg. Params.			
Address			
Comments			
IU Name			
Category		PWF	
Reg. Params.			
Address			
Comments			
IU Name			
Category		PWF	
Reg. Params.			
Address			
Comments			

NOTE: Complete all questions with a "Y" (yes), "N" (no), "N/A" (not applicable), "U" (unable to determine), or the appropriate number.

FILE REVIEW CHECKLIST	IU1	IU2	IU3	IU4
A. Industrial User Characterization				
1. Is the IU categorical (CIU), significant non-categorical (SNIU) or other (O)?	CIU			
2. Is the IU properly categorized?	Yes			
B. Control Mechanism				
1. Does the file contain:				
• an updated control mechanism application and/or survey questionnaire?	Yes			
• a current control mechanism?	Yes			
• documentation of how control mechanism limits and requirements were established?	Yes			
2. Were local limits and/or categorical standards properly applied?	Yes			
3. If applicable, were production-based standards correctly applied?	Yes			
4. If applicable, was the combined wastestream formula correctly applied?	N/A			
5. If applicable, were TTO requirements or alternatives correctly applied?	N/A			
6. In the inspector's opinion, is the sample frequency sufficient to determine compliance?	NO			
7. Does the control mechanism include:				
• sampling location and frequency?	YES			
• sample type?	YES			
8. Is the permit effective for 5 years or less?	1 yr			
C. POTW Inspections of IUs				
1. How many POTW inspections were conducted and documented in the last 12 months?	1			
2. Does the inspection report include:				
• inspector name?	YES			
• inspection date/time? Yes date/ No time	YES			
• name of IU official contacted?	Yes			

FILE REVIEW CHECKLIST	IU1	IU2	IU3	IU4
● review of manufacturing facilities?	Yes			
● verification of production data if needed?	Yes			
● identification of wastewater sources, flow and types of discharge?	Yes			
● condition of pretreatment facilities?	remarks			
● evaluation of chemical storage areas?	remarks			
● evaluation of need for spill/slug control plan at least every 2 years?	Yes			
● evaluation of spill/slug control procedures?	Yes			
● evaluation of housekeeping practices?	No remarks			
● evaluation of potential for hazardous waste discharge?	Yes			
● evaluation of self-monitoring equipment and techniques?	Yes			
● evaluation of lab procedures?	No			
● evaluation of monitoring records?	Not during inspection			
D. POTW Sampling of IUs				
1. How many sampling visits were conducted and documented in the last 12 months?	2			
2. Does the sampling documentation include:				
● name of sampling personnel?	YES			
● sample date/time?	YES			
● sample type?	YES			
● sample location? In permit	YES			
● wastewater flow during sampling?	Yes			
● sample preservation? Done by SRM pre loaded/pre preserved	YES			
● chain of custody?	YES			
● analytical methods used?	YES			
● analysis date?	YES			
● name of analyst?	YES			
● all analytical data?	YES			
3. Were all regulated parameters monitored?	YES			
4. Were 40 CFR 136 analytical methods used?	YES			

E. IU Self-Monitoring and Reporting				
1. Has the IU submitted all required self-monitoring reports in the last 12 months?	YES			
2. Were all regulated parameters monitored at the required frequency?	YES			
F. Slug/Spill Control				
1. Have any slugs/spills been documented in the file?	YES			
2. Did the POTW require development of a slug/spill control plan?	YES			
3. Has the IU developed a slug/spill control plan?	YES			
4. Does the slug/spill plan contain:				
• description of discharge practices?	YES			
• description of stored chemicals?	YES			
• procedures to prevent slugs/spills?	YES			
• procedures to notify POTW of slugs/spills?	YES			
• follow-up practices to minimize damage from slugs/spills?	YES			