

TVMMWC FSE Inspection Report

I. GENERAL INFORMATION			
Permit Number:	Issue Date:	Expiration Date: NA	
Business Name:			
Address:			
Mailing Address: (same as above)			
Phone Number:		Fax Number:	
Industry Contact and Title:		Email:	
Persons Present During Inspection			
Name:		Title:	
Name:		Title:	
Name:		Title:	
Inspection Type: Annual/Semi-annual			
Emergency	Unscheduled	Scheduled <input checked="" type="checkbox"/>	Special Monitoring Other (specify _____)
Frequency:	Annual/Semi-annual	Last Inspection Date:	Last Sampling Date:

II. FOCUS OF INSPECTION
Describe the purpose of the visit. For annual inspections, review items in sections III, IV and V, and for those facilities to which it applies; inspect areas with potential non-stormwater discharge (see check boxes below).
Site evaluated for non-stormwater discharges Yes <input checked="" type="checkbox"/> N/A Storm drains free of visible pollutants? Yes <input checked="" type="checkbox"/> No
Processing areas drain to sanitary sewer? Yes <input checked="" type="checkbox"/> No Signs of illicit discharge to storm drains? Yes <input checked="" type="checkbox"/> No
Document and investigate non-stormwater discharge related issues, and summarize any enforcement on this form.

III. FACILITY & PRETREATMENT INFORMATION
Describe the manufacturing processes used and/or services provided, and changes since the last inspection. Describe the facility's wastewater pretreatment system(s). Unauthorized problems discharge points in service? Has the system experienced operational/upset problems since the last inspection? If yes, describe.

IV. SOLIDS/GREASE GENERATION (if applicable)						
Inspect and describe condition of sump(s) and/or interceptors located at this facility. Measure sludge depth and surface scum. Compare with IU's self-monitoring report form (if available).						
Interceptor	1st Stage		2nd Stage		Other	
Location	Surface Scum	Bottom Sludge	Surface Scum	Bottom Sludge	Surface Scum	Bottom Sludge
1.						
2.						
3.						

4.						
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V. PRODUCT STORAGE AND SPILL PREVENTION (if applicable)

List any wastes stored in a location or manner that could potentially allow spilled products to enter the sewerage or storm drains at the facility. Also describe any modification of storage practices that would prevent products from entering the sewer or storm drains.

Product(s) Name	Quantity	Storage Location	Storage Alternatives to Prevent Sanitary Sewer/Storm drain Entry
1.			
2.			
3.			

INSPECTION SUMMARY

Summarize highlights, deficiencies, and follow-up requirements concluded from this inspection. Include Inspection results, recommendations, special monitoring, or stormwater/drain notes. Note discrepancies and remediation timelines.

Able to verify or obtain copies of service receipts? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Stormwater violations noted during this inspection? Yes See summary No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Note to Discharger: Inspections are performed no less than annually to verify compliance with TV. Facility inspection fees are as follows: 1 st in a one year period - \$0, each additional - \$154. Scheduled fees may or may not apply, and are levied at the discretion of inspectors.

SIGNATURES

Inspector Signature:	Date:
Contact Signature:	