

IDEM WASTEWATER PRE-INSPECTION CHECKLIST

Name and Location of Facility to be Inspected:	NPDES Permit #:	GPS Coordinates Recorded:	Date to be Inspected:	Inspector:
Name:				
Town/City:				
County:				

1.	REVIEW RELEVANT PROGRAM PERMIT AND PERMIT APPLICATIONS	CHECK ONE:			
		YES	NO	N/A	N/E
IF NO, N/A, N/E:	Provide explanation or description why:				
IF YES:	Info Source/ Location/Date Reviewed	Inspector Notations Pertinent to Upcoming Inspection:			

2.	REVIEW PRIOR INSPECTION HISTORY & REPORTS RELEVANT TO THE PROGRAM INSPECTION, PARTICULARLY ANY OUTSTANDING OR UNRESOLVED ISSUES.	CHECK ONE:			
		YES	NO	N/A	N/E
IF NO, N/A, N/E:	Explanation:				
IF YES:	Info Source/Location/Date Reviewed	Inspector Notations Pertinent to Upcoming Inspection:			

3.	REVIEW PRIOR COMPLIANCE AND ENFORCEMENT HISTORY RELEVANT TO PROGRAM INSPECTION, PARTICULARLY: WARNINGS AND MINOR VIOLATIONS, FORMAL ACTIONS (OE &/OR EPA)	CHECK ONE:			
		YES	NO	N/A	N/E
IF NO, N/A, N/E:	Explanation:				
IF YES:	Info Source/Location/Date Reviewed	Inspector Notations Pertinent to Upcoming Inspection:			

4.	REVIEW FACILITY RESPONSES TO ALL OF THE ABOVE.	CHECK ONE:			
		YES	NO	N/A	N/E
IF NO, N/A, N/E:	Explanation:				
IF YES:	Info Source/Location/Date Reviewed	Inspector Notations Pertinent to Upcoming Inspection:			

5.	REVIEW FACILITY RECORDS, REPORTS, SELF-MONITORING DATA CURRENTLY AVAILABLE.	CHECK ONE:			
		YES	NO	N/A	N/E
IF NO, N/A, N/E:	Explanation:				
IF YES:	Info Source/Location/Date Reviewed	Inspector Notations Pertinent to Upcoming Inspection:			

6.	REVIEW MAPS SHOWING FACILITY LAYOUT AND WASTE MANAGEMENT/DISCHARGE SITES.	CHECK ONE:			
		YES	NO	N/A	N/E
IF NO, N/A, N/E:	Explanation:				
IF YES:	Info Source/Location/Date Reviewed	Inspector Notations Pertinent to Upcoming Inspection:			

7.	REVIEW RECORDS OF CITIZEN'S COMPLAINTS.	CHECK ONE:			
		YES	NO	N/A	N/E
IF NO, N/A, N/E:	Explanation:				
IF YES:	Info Source/Location/Date Reviewed	Inspector Notations Pertinent to Upcoming Inspection:			

8.	REVIEW ANY PROCESS INFORMATION.	CHECK ONE:			
		YES	NO	N/A	N/E
IF NO, N/A, N/E:	Explanation:				
IF YES:	Info Source/Location/Date Reviewed	Inspector Notations Pertinent to Upcoming Inspection:			

9.	REVIEW AND DETERMINE APPLICABLE REQUIREMENTS.	CHECK ONE:			
		YES	NO	N/A	N/E
IF NO, N/A, N/E:	Explanation:				
IF YES:	Info Source/Location/Date Reviewed	Inspector Notations Pertinent to Upcoming Inspection:			

ADDITIONAL COMMENTS: