



TDEC - Division of Water Resources
Knoxville Field Office

ICIS NPDES Facilities Inspection Report

Facility Data

NPDES ID: Facility Site Name:
 Address:
 Permit Eff. Date: Permit Exp Date: SIC Code:

Compliance Monitoring Information

Compliance Monitoring Activity Name:
 * If Bio Monitoring is selected above, select the method used:
 Compliance Monitoring Activity:

Compliance Monitoring Dates/Times

Entry Date/Time (mm/dd/yyyy hh:mm): Exit Date/Time (mm/dd/yyyy hh:mm):

Facility Representatives

On-Site Representative(s) Title, Phone Number
 Responsible Official(s), Title, Phone Number

Statute and Section Information

Federal Statute: State Statute:
 Programs:

Compliance Monitoring Reason:
 Compliance Monitoring Agency Type: Agency Name:
 Did EPA assist/ Inspection? Time Physically conducting activity: Days: Hours:
 Inspection Type: Compliance Monitoring Action Outcome:
 Lead Agency: Compliance Monitoring Rating Code:
 If Joint Inspection, what was the purpose of the other party?

Areas Evaluated During Inspection (Check only those areas evaluated)

<input type="checkbox"/> Permit	<input checked="" type="checkbox"/> Self - Compliance Program	<input type="checkbox"/> Pretreatment
<input checked="" type="checkbox"/> Records / Records	<input type="checkbox"/> Compliance Schedule	<input checked="" type="checkbox"/> Pollution Prevention
<input checked="" type="checkbox"/> Facility Site Review	<input type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Storm Water
<input checked="" type="checkbox"/> Effluent / Receiving Waters	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow
<input type="checkbox"/> Flow Measurement	<input type="checkbox"/> Sludge Handling / Disposal	<input type="checkbox"/> Sanitary Sewer Overflow

Compliance Monitoring Summary

See attached inspection report

EPA and State Representatives

Valerie McFall	TDEC-DWR/KEFO/865-594-5585	Mar 11, 2015
Inspector's Signature	Agency / Office / Phone	Date
Shari Winburn	TDEC-DWR/KEFO/865-594-5446	Mar 11, 2015
Manager's Signature	Agency / Office / Phone	Date

(Note: This form can only be printed to an XPS document, then saved for later use.)



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION

Division of Water Resources

William R. Snodgrass Tennessee Tower, 312 Rosa L. Parks Avenue, 11th Floor, Nashville, Tennessee 37243

1-888-891-8332 (TDEC)

Tennessee Multi-Sector General NPDES Permit (TMSP) Compliance Inspection Report

3-11-15

Facility Name:	131 Automotive Parts		NPDES Tracking Number: TNR	056006
Street Address:	615 Tazewell Pike		County:	Union
Facility SIC Code(s):	5015	TMSP Sector(s):	M	Time of Entry: 10:00 Time of Exit: 10:45

Notice of Coverage (NOC) and Stormwater Pollution Prevention Plan (SWPPP)

	Yes	No
Is the facility's NOC retained on-site or available upon request?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has the facility developed and maintained a SWPPP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the SWPPP include: an accurate and detailed site map identifying direction of flow and outfall(s)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
an inventory of potential pollutant sources?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
a pollution prevention team?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a list of measures and controls to prevent pollution?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a description of good house keeping practices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a list of erosion prevention and sediment controls?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a list of significant spills and leaks of toxic and hazardous pollutants?	N/A	<input type="checkbox"/>
a description of spill prevention and response procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a certification page signed by the appropriate authority?	<input type="checkbox"/>	<input type="checkbox"/>
a description of employee training and dates delivered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a certification of testing for presence of non-storm-water discharge?	<input type="checkbox"/>	<input type="checkbox"/>

Quarterly Visual Examination of Stormwater Quality

	Yes	No
Has the permittee performed quarterly visual examinations in accordance with the requirements of the TMSP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If a deficiency was noted during a visual examination, was the deficiency corrected by the following examination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the visual examination reports retained on-site or available upon request?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Stormwater Monitoring

	Yes	No
Has the permittee performed stormwater monitoring at all of the outfalls?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have all of the required parameters been monitored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have the samples been collected in accordance with the requirements of the TMSP and/or 40 CFR?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the monitoring reports and associated documentation retained on-site or available upon request?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did the facility notify the Division within the required time frame if benchmark exceedances occurred?	N/A	<input type="checkbox"/>

Comprehensive Site Compliance Evaluations

	Yes	No
Has the permittee performed annual comprehensive site compliance evaluations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If a deficiency was noted during the evaluation, was the deficiency corrected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are the evaluations retained on-site or available upon request?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Facility BMP Review

	Yes	No
Are the site BMPs in accordance with the SWPPP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have the BMPs been installed correctly and maintained? gravel + grass covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have good housekeeping measures been implemented and maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Outfall and Receiving Waters (where applicable)

	Outfall #	Outfall #
Was any outfall discharging at time of inspection? If yes, explain observations (source/color/odor/foam/scum/solids etc.).	Clear stormwater	
Condition of receiving water upstream from the outfall?		
Condition of receiving water _____ feet downstream of the outfall?		
Condition of receiving water _____ feet downstream of the outfall?		

Observations and Comments:

* Need to keep SWPPP updated with employee training, inventory of potential pollutant sources,

On-Site Contact Person:	DWR Inspector:
Print Name: <u>Mickey Davis</u>	Print Name: <u>Valerie McFall</u>
Title: <u>owner</u> Date: <u>3-11-15</u>	Title: <u>ESTI</u> Date: <u>3-11-15</u>
Signature: <u>Mickey Davis</u>	Signature: <u>Valerie McFall</u>