



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

Inspector's Signature: Agency / Office / Phone: Date:

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

Facility Name:	131 Automotive Parts			NPDES Tracking Number: TNR	TNR056006
Street Address:	615 Tazewell Pike			County:	Union
Facility SIC Code(s):	5015 - - -	TMSP Sector(s):	M - - - - -	Effective Date:	29-MAY-15
Inspection Date:	12-6-2016	Time of Entry:	9:45	Time of Exit:	11:00

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

Quarterly Visual Examination of Stormwater Quality	Yes	No	N/A
Has the permittee performed quarterly visual examinations in accordance with the requirements of the TMSP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the visual examination reports retained on-site or available upon request?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Comprehensive Site Compliance Evaluations and Inspections	Yes	No	N/A
Has the permittee performed annual comprehensive site compliance evaluations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the permittee performed any required site inspections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the evaluations and inspection records retained on-site or available upon request?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facility BMP Review	Yes	No	N/A
Are the site BMPs in accordance with the SWPPP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have the BMPs been installed correctly and maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have good housekeeping measures been implemented and maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Outfall and Receiving Waters (where applicable)	Outfall # <u>1</u>	Outfall # _____
Was an outfall discharging at time of inspection? If yes, explain observations (source/color/odor/foam/scum/solids etc.).	<i>yes, clear, no odor</i>	
Condition of receiving water upstream from the outfall?	<i>—</i>	
Condition of receiving water _____ feet downstream of the outfall?	<i>—</i>	
Condition of receiving water _____ feet downstream of the outfall?	<i>—</i>	

Observations and Comments:

SWPPP is missing multiple components. Give forms to help maintain a better SWPPP.

Benchmark exceedence on Aluminum. Replace aluminum roof on office + storage building to a steel roof.

Next year's sample, recommend getting from back of salvage yard.

Site map could use more information

On-Site Contact Person:	DWR Inspector:
Print Name: <u>Mickey E Davis</u> Title: <u>OWNER</u> Date: <u>12/06/16</u> Signature: <u>Mickey E Davis</u> Phone: <u>8659924129</u> Email: <u>ONE31 AUTO@YAHOO.COM</u>	Print Name: <u>Christie VonHatten</u> Title: <u>Environmental Scientist</u> Date: <u>12-6-16</u> Signature: <u>Christie VonHatten</u> Phone: <u>865-5945587</u> Email: <u>christie.vonhatten@tn.gov</u>

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