

9. Example Onsite Check List

NPDES CAFO Permit NMP Nine Minimum Practices Review Checklist	
<p>The checklist is composed of three parts which are to be completed as follows:</p> <p>Part A Summary Information Documents critical information concerning the operation.</p> <p>Part B Detailed Plan Review and On-Site Inspection Checklist To be completed when reviewing a plan or during an on-site inspection of the operation.</p> <p><i>Note: Some of the information in this checklist may only be applicable to Large CAFOs. Please consult regulations for additional details.</i></p>	
Part A - Summary Information	
1. Plan Preparer Certification	
• Did the plan preparation involve certified technical specialists?	<input type="checkbox"/> Yes . . . <input type="checkbox"/> No
• Are the name and certification credentials of the plan preparer identified in the plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Type of Operation	
• Is the facility operated	<input type="checkbox"/> Year Round <input type="checkbox"/> Seasonally
<i>Notes:</i> _____	

• Is the operation	<input type="checkbox"/> Open lot <input type="checkbox"/> Partially enclosed <input type="checkbox"/> Fully enclosed.
<i>Notes:</i> _____	

• Does the description of the facility in the plan reflect the description of the facility in the application/NOI/Fact Sheet/Permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Facility Maps	
• Does the plan include maps that identify topography, soil types, confinement areas, manure and wastewater storage, raw material storage, handling, and treatment facilities, and environmentally sensitive areas (sinkholes, wells, drinking water sources, field tile drain outlets) for the production area and all land application areas owned or under the ownership, rental, lease, other legal arrangement of the CAFO operator?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No X
• Does the plan identify the watershed(s) in which the operation is located including latitude and longitude to the entrance of the production area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Is this watershed listed on the State's list of impaired watersheds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what impairments are identified? _____	

• Is this facility located in a state designated source water protection area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Are there any other water quality problems in this watershed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain: _____	

X = Questions where a "no" answer may indicate that the NMP is deficient or that the facility may otherwise be in violation of permit requirements.

4. Animals

• What type of animals are confined at the facility?

- | | |
|--|--|
| <input type="checkbox"/> Beef (slaughter/feeder) | <input type="checkbox"/> Chicken – Layer |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Chicken – Broiler |
| <input type="checkbox"/> Swine | <input type="checkbox"/> Sheep/lambs |
| <input type="checkbox"/> Turkey | <input type="checkbox"/> Horse |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Duck |

• What is the design capacity by animal type?

- | | |
|--|--|
| <input type="checkbox"/> Beef (slaughter/feeder) _____ | <input type="checkbox"/> Chicken – Layer _____ |
| <input type="checkbox"/> Dairy _____ | <input type="checkbox"/> Chicken – Broiler _____ |
| <input type="checkbox"/> Swine _____ | <input type="checkbox"/> Sheep/lambs _____ |
| <input type="checkbox"/> Turkey _____ | <input type="checkbox"/> Horse _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Duck _____ |

• Is the plan based upon the design capacity? Yes No

If no, what capacity is the plan based upon? _____

• Does the plan identify the size (acres) of the production area? Yes _____ acres No

5. Manure/Litter/Process Wastewater Generation

• What are the manure generation rates for N, P, and K identified in the plan?

- | | | |
|---|---------------------------|------------------|
| Animal Type 1 N _____ lbs/Year X | P _____ lbs/Year X | K _____ lbs/Year |
| Animal Type 2 N _____ lbs/Year X | P _____ lbs/Year X | K _____ lbs/Year |
| Animal Type 3 N _____ lbs/Year X | P _____ lbs/Year X | K _____ lbs/Year |

• What are the manure generation rates for N, P, and K rates based upon?

- Current year manure analysis from this operation
- Historical manure analysis from this operation [Note Year(s): _____]
- Book value [Note Source: _____]

• Are the generation rates for N, P, and K generally consistent with USDA's Agricultural Waste Management Field Handbook? Yes No

If no, are other practices in place that account for the rates included in the plan? Yes No

What are the practices identified in the plan? Feed Management Other

Explain: _____

If no, are atmospheric N losses used in the plan excessive? Yes No

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6. Manure Utilization Options

- What manure utilization options are identified in the plan? (Note if more than one option is identified in the plan indicate the relative amount of the manure/wastewater utilized under this option)
 - Land Application** Yes _____% No
 - If yes: how many acres of land owned or under the control of the applicant are available for applying manure/wastewater generated by the CAFO? _____ acres.
 - Do the facility maps identify the fields or conservation management units (CMU) used to develop the plan? (Field boundaries, field number, acreage) Yes No
 - Composting** Yes _____% No
 - Incineration** Yes _____% No
 - If yes, does the plan address what is done with the remaining ash _____
 - _____
 - _____
 - Other** Yes _____% No
 - Describe (as needed) _____
 - _____
- Is manure generated at the CAFO sold/given away for use at another location not associated with the generating CAFO? Yes No
- If yes, what is the estimated amount transferred annually? _____ tons

7. Crop Production

- Does the plan identify what crops are produced? Yes No
- What are they? _____
- Does the plan identify the crop rotations (if any)? N/A Yes No
- What is the crop rotation? _____
- _____
- Does the plan identify cropping practices? Yes No
- If yes, what are they? Ridge Till Conservation Tillage
- Other _____
- Does cropping system use irrigation? Yes No
- If yes, what type: Flood Sprinkler
- Overland Center Pivot
- Ridge and furrow Traveling Gun
- Is crop/rotation information provided in the plan for each field/CMU? Yes No
- Are realistic crop yield goals identified in the plan? Yes No
- What source of information was used by to determine the realistic yield goals for this operation?
 - Farm Records (Circle One: last year's crop and production, 3-year average, 5-year average)
 - USDA State Databases (VALUES, MASCAP)
 - County Averages Previous crop insurance records
- Is adequate justification provided to support the yield goal Yes No

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8. Nutrient Application

- Does the plan identify the basis/rationale for determining an N-based or P-based application rate? Yes No **X**
 What is the basis? State Regulations/Nutrient Management Technical Standard NRCS Code 590
 Other _____
- Does the plan identify the application method? Yes No **X**
 If yes, what method is used: Surface applied Injected Incorporated
- Does the NMP reference the correct State Nutrient Management Technical Standard identified in the permit? Yes No **X**
- Does the plan include land application areas that are N-based and others that are P-based? ... Yes No

9. 25-Year, 24-Hour Storm Information*

- Does the plan utilize the correct 25-Year, 24-Hour rainfall amount for the location of this operation to determine storage requirements?* Yes No **X**
Note source of information _____

Additional Comments: _____

* Some facilities are required to design storage impoundments based on a 100-year, 24-hour storm.

Part B - Detailed Plan Review and On-Site Inspection Checklist.

Minimum Practice	Ensure Adequate Storage Capacity
Plan Review	
• Does the plan identify the volume and duration of storage required for the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No X
• Does the storage volume in the plan account for manure and process wastewater in addition to the collection of runoff and the 25-year/24-hour storm event for the CAFO location? (Note: New source swine, poultry, and veal operations use a 100-year/24-hour storm)	<input type="checkbox"/> Yes <input type="checkbox"/> No X
• Are storage structures constructed and operated in accordance with the ELG?	<input type="checkbox"/> Yes <input type="checkbox"/> No X
• Does the plan include a schedule for cleaning out the storage structures or solids removal for liquid storage structures?	<input type="checkbox"/> Yes <input type="checkbox"/> No X
• Does the plan require maintenance for all storage structures?	<input type="checkbox"/> Yes <input type="checkbox"/> No X
On-Site Inspection	
• Is a depth marker in place in all lagoons and other appropriate storage structures?	<input type="checkbox"/> Yes <input type="checkbox"/> No X
• Is adequate lagoon storage volume being maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No X
• Is the length of storage documented in on-site records consistent with storage practices identified in the plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Minimum Practice	Ensure Proper Management of Mortalities
Plan Review	
<ul style="list-style-type: none"> Is animal mortality addressed in the plan <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No X 	
If yes, what methods are identified in the plan to address animal mortality?	
<input type="checkbox"/> Rendering <input type="checkbox"/> Incineration <input type="checkbox"/> Composting <input type="checkbox"/> Disposal pits <input type="checkbox"/> Landfill <input type="checkbox"/> Other _____	
<ul style="list-style-type: none"> Does the plan address mortality storage prior to final disposition? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the mortality rate used in the plan consistent with USDA expected values for the animals confined at the operation? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the animal mortality plan meet State requirements? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No X 	
On-Site Inspection	
<ul style="list-style-type: none"> Are the animal mortality disposal methods and equipment identified in the plan in place and being properly implemented? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No X 	
Minimum Practice	Divert Clean Water From Production Area
Plan Review	
<ul style="list-style-type: none"> Does the plan include provisions that address the diversion of clean water from the production areas? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
If no why? _____ _____	
If no, is the runoff being collected and is storage of runoff adequate? (See Minimum Standard No. 8) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> Does the plan require periodic visual inspection to verify proper and functional diversion? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the plan address the maintenance of diversion structures? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
On-Site Inspection	
<ul style="list-style-type: none"> Are the diversion provisions identified in the plan being properly implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the storage capacity sufficient for all non-diverted runoff? <input type="checkbox"/> Yes <input type="checkbox"/> No Are records of periodic inspections being maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No How often are operator inspections being conducted? (Circle one: Daily Weekly Monthly) 	
Minimum Practice	Prevent Direct Contact
Plan Review	
<ul style="list-style-type: none"> Does the facility or topo map identify any surface water in the production area? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
If yes, are measures in the plan to prevent direct contact? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No X	
What are the measures identified in the plan? <input type="checkbox"/> Fences <input type="checkbox"/> Other	
On-Site Inspection	
<ul style="list-style-type: none"> Is there surface water in the production area? <input type="checkbox"/> Yes <input type="checkbox"/> No Are the measures identified in the plan being implemented and maintained to prevent direct contact? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No X Are there any animals in contact with surface water in the production area? <input type="checkbox"/> Yes <input type="checkbox"/> No 	

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Minimum Practice	Chemical Handling		
Plan Review			
<ul style="list-style-type: none"> Has the facility incorporated measures (in accordance with applicable laws and regulations) to prevent the mishandling of pesticides, hazardous and toxic chemicals, and petroleum products/by-products from contaminating manure and wastewater? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If no, explain: _____</p>			
On-Site Inspection			
<ul style="list-style-type: none"> Are the measures identified being implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there any evidence of mishandling of pesticides, hazardous and toxic chemicals, and petroleum products/by-products contaminating manure and wastewater storage? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Notes: _____</p>			
Minimum Practice	Conservation Practices to Reduce Nutrient Loss		
Plan Review			
<ul style="list-style-type: none"> Does the plan include the use of best management practices (BMPs) to control runoff from the: <ul style="list-style-type: none"> Production area <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No Land application area(s) <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No Do the plan and facility maps identify the specific areas that the BMPs are to be applied? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Land Application Areas <ul style="list-style-type: none"> <input type="checkbox"/> Vegetated Buffers (Type of vegetation _____) <input type="checkbox"/> Diversion <input type="checkbox"/> Grassed Waterway (Type of vegetation _____) <input type="checkbox"/> Strip Cropping <input type="checkbox"/> Residue Management <input type="checkbox"/> Terracing <input type="checkbox"/> Conservation Tillage </td> <td style="width: 50%; vertical-align: top;"> Production Area <ul style="list-style-type: none"> <input type="checkbox"/> (Type of vegetation _____) <input type="checkbox"/> </td> </tr> </table> If any of these BMPs are being used does the plan specify how they are to be implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what does the plan require? _____ What references are cited for the practices? <input type="checkbox"/> USDA Practice Standards <input type="checkbox"/> State Standards <input type="checkbox"/> Other _____ (Note: to be used to verify proper implementation) Does the plan include O&M requirements for practices used to reduce nutrient loss? <input type="checkbox"/> Yes <input type="checkbox"/> No 		Land Application Areas <ul style="list-style-type: none"> <input type="checkbox"/> Vegetated Buffers (Type of vegetation _____) <input type="checkbox"/> Diversion <input type="checkbox"/> Grassed Waterway (Type of vegetation _____) <input type="checkbox"/> Strip Cropping <input type="checkbox"/> Residue Management <input type="checkbox"/> Terracing <input type="checkbox"/> Conservation Tillage 	Production Area <ul style="list-style-type: none"> <input type="checkbox"/> (Type of vegetation _____) <input type="checkbox"/>
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On-Site Inspection			
<ul style="list-style-type: none"> Are the nutrient loss minimization practices in the plan being properly implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No X If buffers are being used, are the widths in agreement with those identified in the plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there no evidence of buffers being breached by waste? <input type="checkbox"/> Yes <input type="checkbox"/> No 			

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Minimum Practice	Protocols for Manure and Soil Testing								
Plan Review									
<ul style="list-style-type: none"> • Does the plan include specific protocols for the sampling and analysis of manure, wastewater and soil for determining nutrient content? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No X • Are these protocols recognized by the State or identified in the State Nutrient Management Technical Standard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No X • Does the plan identify the sampling frequency for manure and soil sample analysis? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No X <p style="margin-left: 20px;">(At a minimum manure/wastewater samples are to be taken annually and tested for nitrogen and phosphorous and soil samples taken and tested for phosphorous at least once every 5 years.)</p>									
On-Site Inspection									
<ul style="list-style-type: none"> • Were the manure/wastewater and soil samples taken within 12 months of developing the site-specific NMP? <input type="checkbox"/> Yes <input type="checkbox"/> No • Have manure and soil samples been collected at a frequency that is consistent with permit requirements? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No X • Are the sampling protocols consistent with permit requirements or those specified in the state nutrient management technical standard? <input type="checkbox"/> Yes <input type="checkbox"/> No <p style="margin-left: 20px;">(At a minimum manure/wastewater samples are to be taken annually and tested for nitrogen and phosphorous and soil samples taken and tested for phosphorous at least once every 5 years.)</p> <ul style="list-style-type: none"> • Are the results of the sample analysis consistent with the content and analyses of the NMP? <input type="checkbox"/> Yes <input type="checkbox"/> No 									
Minimum Practice	Protocols for Land Application of Manure and Wastewater								
Plan Review									
<ul style="list-style-type: none"> • What is the number of acres owned/acres leased or subject to an access agreement to be used for land application identified in the plan? _____ acres owned _____ acres leased _____ acres applied • Does the plan identify weather and soil conditions under which application activities will not be conducted (e.g., frozen ground)? <input type="checkbox"/> Yes <input type="checkbox"/> No • Does the plan include a proper analysis to determine whether application rates are to be based upon N or P for each management unit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No X • Is the analysis consistent with the State Nutrient Management Technical Standard identified in the permit or approved by the Director of the permitting authority? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No X • Does the plan take into account other sources of nutrients used at the operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No X <p style="margin-left: 20px;">If yes, what other sources of nutrients have been accounted for:</p> <table style="margin-left: 40px; width: 80%;"> <tr> <td><input type="checkbox"/> Commercial Fertilizer</td> <td><input type="checkbox"/> Biosolids</td> </tr> <tr> <td><input type="checkbox"/> Bedding</td> <td><input type="checkbox"/> Legume Credits</td> </tr> <tr> <td><input type="checkbox"/> Wastewater</td> <td><input type="checkbox"/> Previous manure applications</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <ul style="list-style-type: none"> • Does the plan include the application of wastewater to fields via an irrigation system? <input type="checkbox"/> Yes <input type="checkbox"/> No <p style="margin-left: 20px;">If yes:</p> <ul style="list-style-type: none"> → Does the plan identify the type of irrigation system? <input type="checkbox"/> Yes <input type="checkbox"/> No → Are the nutrients contributed by the irrigation system accounted for in the nutrient budget for the operation? <input type="checkbox"/> Yes <input type="checkbox"/> No → Does the plan include provisions to minimize ponding or puddling of wastewater on land application fields? <input type="checkbox"/> Yes <input type="checkbox"/> No → Does the plan address the management of drainage water to prevent surface or ground water contamination? <input type="checkbox"/> Yes <input type="checkbox"/> No 		<input type="checkbox"/> Commercial Fertilizer	<input type="checkbox"/> Biosolids	<input type="checkbox"/> Bedding	<input type="checkbox"/> Legume Credits	<input type="checkbox"/> Wastewater	<input type="checkbox"/> Previous manure applications	<input type="checkbox"/> Other _____	
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<input type="checkbox"/> Wastewater	<input type="checkbox"/> Previous manure applications								
<input type="checkbox"/> Other _____									

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- Does the plan identify the crop rotation system, crop nutrient requirements based on soil testing, realistic yield goals*, and crop nutrient removal? Yes No **X**
- Does the plan include restrictions or adequate management practices to prevent water pollution from the application of manure/wastewater to flooded, saturated, frozen, or snow covered ground? Yes No
- Does the plan address specific pumping and clean out schedules for all liquid storage structures? Yes No
- Does the plan require records to be maintained that document the date, location, weather, and application rate of manure and wastewater that is land applied? Yes No **X**
- Is there sufficient land owned or under the control of the operator to properly utilize all manure and wastewater generated by the operation? Yes No
 - If no:
 - Does the plan identify the quantity of excess manure being generated? _____ tons/year or gallons/year
 - Does the plan identify how the excess manure is to be utilized? _____
 - Is excess manure/wastewater to be transferred off-site? Yes No
 - If yes:
 - Does the plan include the necessary arrangements for this transfer? Yes No
 - Does the plan identify the recipients? Yes No
- Does the plan address the maintenance of land application equipment? Yes No
- Does the plan identify the manure application method to be used? Yes No
- Does the plan require periodic calibration of manure application equipment Yes No
- Are the application rates identified in the plan appropriate? Yes No

Notes: _____

On-Site Inspection

- Does the plan reflect the current operational characteristics (number of animals, cropping, etc.)? Yes No **X**
- Are the number of acres owned/acres leased consistent with those identified in the plan? Yes No **X**
- Is the crop rotation consistent with that identified in the plan used to determine application rates and timing? Yes No
- Is the application equipment being used consistent with the equipment identified in the plan? Yes No
- Is the land application equipment being used appropriate? Yes No
- Is the amount of manure/wastewater being transferred off-site consistent with the amount identified in the plan? Yes No
- Are records (name and address of recipient and amount) of off-site manure disposal being maintained (if required)? Yes No
- Is manure and wastewater being applied within a 100' setback or within a 35' vegetated buffer to any down gradient surface waters, open tile line intake structures, agricultural well heads or other conduits to surface waters? Yes No **X**

* or other documented recommendation from local extension or other source)

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Minimum Practice	Record Keeping
Plan Review	
<ul style="list-style-type: none"> • Identify the required records that the plan identifies are to be maintained at the facility. <ul style="list-style-type: none"> <input type="checkbox"/> Manure and wastewater sample nutrient analysis results <input type="checkbox"/> Soil sample analysis results that the plan was based upon for all land application areas (Dates of sample: ____/____/____, ____/____/____, ____/____/____, ____/____/____) <input type="checkbox"/> Manure/wastewater storage - date of emptying, level before emptying, and level after emptying, or quantity removed (dry manure) <input type="checkbox"/> Storage facility level (weekly) <input type="checkbox"/> Inspection log (stormwater diversions, runoff control structures, water lines, surface impoundments, and manure application equipment) <input type="checkbox"/> Maintenance log of all equipment necessary to control discharge and meet permit requirements (e.g., maintenance of land application equipment) <input type="checkbox"/> Crop planting/harvest dates by field or CMU <input type="checkbox"/> Crop type and yield by field or CMU - bushels/acre (seasonally) <input type="checkbox"/> Total amount of N and P applied - date, time, and rate (lbs/acre, gallons/acre), weather condition, application method, and equipment used by field or CMU (daily) <input type="checkbox"/> On-site precipitation <input type="checkbox"/> Animal Inventory <input type="checkbox"/> Lease/Rental/Access Agreements for all land not owned by the operator <input type="checkbox"/> Name and address of recipients and quantity of manure transferred off-site • Does the plan require any additional records be maintained at the facility? <input type="checkbox"/> Yes ... <input type="checkbox"/> No If yes, what are these records? _____ _____ • Does the plan include an emergency action plan to address spills and catastrophic events? ... <input type="checkbox"/> Yes ... <input type="checkbox"/> No 	
On-Site Inspection	
<ul style="list-style-type: none"> • Are all of the records identified in the plan being maintained and kept current? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No X If no, explain: _____ _____ • Are records being maintained at the required frequency? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____ _____ • Are records being maintained on-site for the period required by the permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____ _____ • Do the records include the date, time and estimated volume of any overflows? <input type="checkbox"/> Yes <input type="checkbox"/> No 	

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