

NPDES Pretreatment Program Permit Quality Review (PQR) Checklist

Program Status Determination	
Please indicate the following and complete the checklist accordingly:	
<input type="checkbox"/> The State is approved to administer the Pretreatment Program and delegates program administration responsibility to the POTWs. <i>Please complete sections I, III, IV (when applicable) and V of the checklist below. (Scenario A)</i>	
<input type="checkbox"/> 40 CFR 403.10(e) States where the State is approved to administer the Pretreatment Program and implements the Pretreatment Program directly. <i>Please complete sections II, III.A, IV, and V of the checklist below. (Scenario B)</i>	
<input type="checkbox"/> The State is not approved to administer the Pretreatment Program. <i>Please complete sections I (item numbers 1-10), III, IV (when applicable) and V of the checklist below. (Scenario C)</i>	
Background Information	
1. Is the State reporting to ICIS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Entered	
a. If not, does the Region enter this data? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Do you have a copy of the approved State program for this review? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do you have a copy of the approved State MOA for this review? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For more information on required legal authorities (or procedures, etc.) for Approved Pretreatment Program States, refer to 40 CFR 403.10(f)(1)-(3).	
I. Program and Compliance Information – Approved and Not Approved States (Scenarios A and C)	
1. Number of Approved POTW Pretreatment Programs _____	
a. Number of Approved POTW Pretreatment Programs for POTWs with capacity greater than 5 million gallons per day [40 CFR 403.10(f)(2)(i)-(iii)] _____	
2. Number of SIUs in POTWs with approved programs _____	
3. Number of SIUs in POTWs without an Approved POTW Pretreatment Program (Note: If this number is greater than zero, also fill out Section IV for SIUs that discharge to POTWs without an approved program) _____	
4. Number (and percentage) of noncategorical SIUs with expired permits in Approved POTW Pretreatment Programs _____	
5. Number of CIUs in Approved POTW Pretreatment Programs _____	
6. Number (and percentage) of CIUs with expired permits in Approved POTW Pretreatment Programs _____	
Comments: _____	
7. Number of CIUs in POTWs without an Approved POTW Pretreatment Program (NOTE: If this number is greater than zero, also fill out Section IV for CIUs that discharge to POTWs without an approved program) _____	
Comments: _____	
8. Number of PCIs conducted in the last full year [40 CFR 403.10(f)(iii)] _____	
9. Number of PCAs conducted in the last full year [40 CFR 403.10(f)(iii)] _____	
10. Number and percentage of SIUs inspected in the last full year (when States or EPA are the Control Authority) _____	
11. Were compliance monitoring strategy (CMS) goals of 2 PCIs and 1 PCA per five-year NPDES permit cycle reached by the State and/or Region (Approval Authority) for POTWs with an approved pretreatment program? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
a. Percentage of POTWs for which the Approval Authority has met the CMS goal for this State: _____	

b. Comments: _____

12. When was the last audit of the State program conducted?
Date: _____

13. Has the State updated its State Pretreatment Regulations to come into compliance with federal regulations to date, including revisions that went into effect November 14, 2005 (the "streamlining rule" [SR])? Yes No
Date of State's streamlining rule provision adoption: _____

a. If so, has the State adopted all mandated streamlining rule provisions? Yes No
Date: _____

b. If so, indicate which of the following optional provisions the State has adopted? Yes No
Date: _____

Sampling Pollutants Not Present	<input type="checkbox"/>	Equivalent concentration	<input type="checkbox"/>
Issuance of General Permits	<input type="checkbox"/>	SNC late reports (to 45 days)	<input type="checkbox"/>
Use of Best Management Practices	<input type="checkbox"/>	NSCIU	<input type="checkbox"/>
Slug control plan evaluation frequency	<input type="checkbox"/>	Middle Tier	<input type="checkbox"/>
Equivalent mass	<input type="checkbox"/>		

c. Is the Attorney General statement included [40 CFR 403.10(g)(1)]? Yes No

14. Describe how the State is ensuring that POTWs update their local regulations to comply with the required streamlining revisions?

15. Are discharge monitoring reports and required reports received and reviewed by State or EPA where State or EPA is the Approval Authority? Yes No

16. Is comprehensive compliance evaluation performed during the receipt of discharge monitoring reports? Yes No

II. Program and Compliance Information – 40 CFR 403.10(e) States (Scenario B)

1. Number of SIUs _____
a. Number of CIUs _____

2. Number of SIUs that have been inspected in the last full year _____
a. In accordance with 40 CFR 403.8(f)(2)(v), were 100 percent of the SIUs inspected in the last full year? Yes No

3. Number of SIUs for which monitoring events were conducted in the last full year _____
a. In accordance with 40 CFR 403.8(f)(2)(v), were 100 percent of the SIUs monitored in the last full year? Yes No

4. Number of SIUs with expired permits _____
a. Discuss expired permits/backlog percentage:

5. Number of permits never issued to SIUs that require permits. _____

6. Did the State submit an annual pretreatment report for the last full year? Yes No
 a. If so, does the report include the content required in 40 CFR 403.12(i)? Yes No

7. Did the State identify SIUs in SNC as defined by 40 CFR 403.8(f)(2)(viii) in the last full year? Yes No

8. Did the State publish **all** SIUs in SNC in the newspaper in accordance with 40 CFR 403.10(f)(2)(i)? Yes No
 a. Comment: _____

9. When was the last audit of the State program conducted?
 Date: _____

10. Has the State updated its State Pretreatment Regulations to come into compliance with federal regulations to date, including revisions that went into effect November 14, 2005 (i.e., the SR)? Yes No
 Date of streamlining rule provision adoption: _____

a. If so, has the State adopted all mandated streamlining rule provisions? Yes No
 Date: _____

b. If so, has the state adopted any of the following optional provisions? Yes No
 Date: _____

Sampling Pollutants Not Present	<input type="checkbox"/>	Equivalent concentration	<input type="checkbox"/>
Issuance of General Permits	<input type="checkbox"/>	SNC late reports (to 45 days)	<input type="checkbox"/>
Use of Best Management Practices	<input type="checkbox"/>	NSCIU	<input type="checkbox"/>
Slug control plan evaluation frequency	<input type="checkbox"/>	Middle Tier	<input type="checkbox"/>
Equivalent mass	<input type="checkbox"/>		

11. Describe how the State is ensuring that POTWs update their local regulations to comply with the required Streamlining Rule revisions?

III. Review POTW NPDES Permits and Fact Sheets

III.A. For all POTWs (with and without Pretreatment Programs – All Scenarios A, B, and C)

1. Does the permit contain the notification requirements for 40 CFR 122.42(b)(1) for any new introduction of pollutants to the POTW? Yes No
 a. If so, does it designate who must be notified? Yes No
 b. Who? _____

2. Does the permit contain the notification requirements for 40 CFR 122.42(b)(2) for any substantial change in volume or character of pollutants? Yes No
 a. If so, does it designate who must be notified? Yes No
 b. Who? _____

3. Does the NPDES Permit contain the notification requirements for 40 CFR 122.42(b)(3) quantity and quality of effluent to POTW and anticipated impact of the change in effluent to POTW? Yes No
 a. If so, does it designate who must be notified? Yes No
 b. Who? _____

4.	Does the NPDES Permit contain requirements at 40 CFR 122.44(j)(1) to identify SIUs (i.e., industrial waste survey)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a.	If so, does it designate who must be notified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	Who?		
5.	Does the permit have an accompanying fact sheet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a.	If so, does the fact sheet designate whether a Pretreatment Program is required or not?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	If so, does the fact sheet describe why a Pretreatment Program is required?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	If so, does the fact sheet describe when the Pretreatment Program was approved (dates) and any subsequent modifications to the program?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	If so, does the fact sheet describe types of industrial users?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	If so, does the fact sheet evaluate pollutants from these industry sectors for reasonable potential analysis for water quality-based limits?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does the NPDES Permit contain requirements at 40 CFR 122.44(j)(2)(ii) to provide a technical evaluation of the need to calculate or reevaluate local limits following permit issuance or reissuance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a.	If so, does it designate who must be notified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	Who? _____		
c.	If so, does it specify a date or a time frame for submission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.	If so, what date or frequency of submittal is required? _____		

III.B. For POTWs with Pretreatment Programs (Scenarios A and C)

1.	Does the POTW NPDES Permit identify that the POTW has an approved Pretreatment Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a.	Does the fact sheet identify that the POTW has an approved Pretreatment Program?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the NPDES Permit incorporate 40 CFR Part 403 by reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If not, does the NPDES Permit contain the following POTW pretreatment requirements?		
a.	Identify and locate all possible industrial users [40 CFR 403.8(f)(2)(i)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	Identify character and volume of pollutants from industrial users [40 CFR 403.8(f)(2)(ii)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.	Notify industrial users of applicable pretreatment standards and requirements [40 CFR 403.8(f)(2)(iii)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.	Receive and analyze reports from industrial users [40 CFR 403.8(f)(2)(iv)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.	Randomly sample and inspect industrial users at least once a year [40 CFR 403.8(f)(2)(v)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f.	Evaluate each significant industrial user for the need for a slug discharge control plan [40 CFR 403.8(f)(2)(vi)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g.	Investigate instances of noncompliance by industrial users with pretreatment standards and requirements [40 CFR 403.8(f)(2)(vii)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h.	Annual publication of significant noncompliance notices [40 CFR 403.8(f)(2)(viii)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Does the NPDES Permit identify contents and a submittal date (at least annually) for an annual pretreatment report [40 CFR 403.12(i)]?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a.	If so, does it designate who must be notified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	Who? _____		
c.	If so, does it specify a date for submission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.	If so, what date and or frequency of submittal is required? _____		

4. Does the NPDES Permit require notification if the POTW modifies its Pretreatment Program as required at 40 CFR 403.18?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If so, does it designate who must be notified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Who? _____		

III.C. For POTWs without Pretreatment Programs (Scenarios A and C)

1. Does the NPDES Permit contain requirements at 40 CFR 122.44(j)(2)(i) to develop and submit a local program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If so, does it designate who must be notified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Who? _____		
2. Does the NPDES Permit contain a reopener clause that the permit can be reopened to require development of a local pretreatment program if determined necessary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

IV. Industrial User Permit Reviews

1. Statement of duration (≤ 5 years) [40 CFR 403.8(f)(1)(iii)(B)(1)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Statement of nontransferability [40 CFR 403.8(f)(1)(iii)(B)(2)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. All general and specific prohibitions included [40 CFR 403.5]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Dilution prohibition [40 CFR 403.6(d)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Applicable effluent limits correctly applied to wastestreams required to be regulated (local limits, categorical standards, best management practices) [40 CFR 403.8(f)(1)(iii)(B)(3)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Identification of pollutants to be monitored [40 CFR 403.8(f)(1)(iii)(B)(4)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Is use of Part 136 methods required [40 CFR 403.12(g)(3)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Does the permit grant a waiver for pollutants not present [40 CFR 403.8(f)(1)(iii)(B)(4)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If so, does the POTW have the authority to grant the waiver	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. If so, did the POTW document its process for granting the waiver	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Sampling frequency [40 CFR 403.8(f)(1)(iii)(B)(4)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Sampling locations/discharge points [40 CFR 403.8(f)(1)(iii)(B)(4)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Sample types (grab or composite) [40 CFR 403.8(f)(1)(iii)(B)(4) and 40 CFR 403.12(g)(3)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Representative sampling [40 CFR 403.12(g)(3)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Recordkeeping of sampling and analysis requirements [40 CFR Part 136 and 40 CFR 403.12(o)(1) and 40 CFR 403.12(g)(3)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. Sample date	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Sample time	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Name of samplers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Sample preservation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Analysis dates	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Name(s) of analyst(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Analytical methods	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Signatory requirement [40 CFR 403.12(m)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Certification statement [40 CFR 403.6(a)(2)(ii) and 40 CFR 403.12(l)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Reporting requirements to report sampling results twice per year [at 40 CFR 403.12(e)&(h)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No

17. Requirements to report all monitoring results [40 CFR 403.12(g)(6)]	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Record-keeping requirements [40 CFR 403.12(o)(2)]	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Statement of applicable civil and criminal penalties [40 CFR 403.8(f)(1)(iii)(B)(5)]	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Compliance schedules [40 CFR 403.8(f)(1)(iv)]	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
21. Slug discharge control plan, if determined by the POTW to be necessary [40 CR 403.8(f)(1)(iii)(B)(6)]	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
22. Notice of slug loading [40 CFR 403.12(f)]	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Notification of facility change affecting slug discharge potential [40 CFR 403.8(f)(2)(vi)]	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Hazardous waste notification [40 CFR 403.12(p)(1)]	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Notification of spills, bypasses, upsets, etc. [40 CFR 403.8(f)(1)(iii)(B)(4) and 40 CFR 403.17]	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Notification of significant change in discharge [40 CFR 403.12(j)]	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. 24-hour notification of violation/resample requirement [40 CFR 403.12(g)(2)]	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Right of entry authorization [40 CFR 403.8(f)(1)(vi)(B)]	<input type="checkbox"/> Yes <input type="checkbox"/> No

V. Summarize Findings

The outline for the Pretreatment Program PQR summary is provided below. The Instructions Manual provides information about the required content of each of the sections. Additional information for preparation of the PQR Report is provided in the guidance documents entitled *NPDES Permit Quality Review (PQR) Standard Operating Procedures* and *Region [XX] NPDES Permit Quality Review [Insert State]*, which is provided as a template for the PQR report. Use this space to summarize findings while you are completing the checklist.

PQR Report Outline for Pretreatment Program Review:

- Kudos
- Program and Compliance Information
- Findings
- PQR Action Items